

West Forsyth High School Activity Transportation Waiver

I give my son/daughter, _____,
permission to ride with an adult chaperone to/from an activity of West Forsyth
High School during the 2009-2010 school year

I further understand that I am releasing the school and its staff from responsibility
for any accident that might occur. I also give permission for medical treatment
should it be required.

(Parent Signature)

(Date)

West Forsyth High School Activity Transportation Waiver

I give my son/daughter, _____,
permission to ride with a parent chaperone to/from an activity of West Forsyth
High School during the 2009-2010 school year

I further understand that I am releasing the school and its staff from responsibility
for any accident that might occur. I also give permission for medical treatment
should it be required.

(Parent Signature)

(Date)