

**WEST FORSYTH HIGH SCHOOL BAND  
TRANSPORTATION RELEASE FORM**

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Name of adult driver (if other than parent): \_\_\_\_\_

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_ Departure - Return - Both (circle one)

I agree to transport the student as described above. I agree to release the WFHS Band and the Forsyth County School System from any liabilities incurred during individual transport. I understand that only a parent may transport students while under the care of the school system. The reason for private transportation must be discussed with band director and the release form must be completed at least 24 hours before the event.

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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