ALTERNATE TRANSPORTATION REQUEST FORM
MANHASSET UFSD ATHLETICS

I understand that the Manhasset UFSD rules require that students ride the busses to and from all school events and that by requesting a departure from this requirement, I will release the Manhasset Board of Education and the Manhasset UFSD from all liability for any accidents that may occur. I understand that I (or the other parent or guardian driving the vehicle) assumes all liability for this alternative transportation under our personal automobile insurance policy.

I therefore agree to release the Manhasset Board of Education and the Manhasset UFSD and its employees and officers from all liability.

_____ Athlete's Name-Please Print

_____ Date

_____ Parent/Guardian-Please Print

_____ Parent/Guardian-Signature

_____ Sport and Coach

DATE	NAME OF ATHLETE	TO/FROM (circle one)	LOCATION	NAME OF DRIVER	RELATIONSHIP	SIGNATURE
		TO/FROM				
		TO/FROM				
		TO/FROM				
		TO/FROM				
		TO/FROM				
		TO/FROM				