

Transportation Release

Marist Catholic Acro & Cheer

I, _____, do hereby authorize Marist Catholic Acro & Cheer coaching staff to release my athlete, _____, to the care of _____ at the end of the event or performance.

By signing this form I verify that the person I have designated to transport my athlete is over the age of 18. I do hereby acknowledge that Marist Catholic Acro & Cheer coaching staff may check ID to verify all criteria notated herein have been met and to ensure my athlete is being released to the correct designated adult.

If all criteria are not satisfactorily met, I acknowledge that coaching staff reserve the right NOT to release my athlete and to contact me to make other arrangements.

Once released, Marist Catholic Acro & Coaching Staff can no longer be held responsible for the safety and well being of my athlete.

Parent Signature _____ Date _____

ID Checked: _____ Releasing Coach Signature: _____