

SPECIAL OLYMPICS NORTH DAKOTA
Transportation Release Form

Date: _____

Re: Excuse from Special Olympics North Dakota (SOND) Travel Policy

Trip Dates: _____

Destination: _____

Name of Athlete/Partner/Coach: _____

Due to the fact that I will not be traveling with my Special Olympics teammates and coaches, SOND will not be held responsible for any injury or loss of property incurred during my travel to or from the event or any personal travel done during this time.

Signature of Athlete, Partner, Coach or Chaperone

Parent/Guardian Signature
(If athlete/partner is under 18 years of age)

_____ Approved _____ Not Approved

Area Director/Head Coach Signature

Please return this form to the Area Director or Head Coach five days prior to the date of travel. This release form is good only for the dates listed above.