352 EXHIBIT 2 STUDENT TRAVEL RELEASE

This is to certify that		has my permission to drive to/from
	(Student Name – Please	Print)
	(List Activity)	on
	(List Activity)	(Date of Activity)
to/fron	(Location of Activity)	·
Please	check the appropriate statement:	
	proof of insurance before the date of the field tr	provide the office with a copy of their Driver's License and ip. My student understands acceptable driving behavior. arent or guardian, they may only take one additional student
	My student will procure their own transportatio	n with a non-student.
		(Name of Adult Driver)
	My student may ride with another LHS student.	
		(Name of Student Driver)
•	activity events/field trips and a departure from the Schools from all liability for any adverse results. My student understands the responsibilities and I agree to release the Wisconsin Rapids Public Student with reference to the above stated transportation.	acceptable behaviors of driving themselves or others. Schools and its employees and officers from all liability
By sign	ning below, you are agreeing to the above guidelin	nes.
Parent	Name:(Please Print	9)
Parent	Signature:	
Emerge	ency Contact Name and Number:	
Approv	ved: December 12, 2022	