



Permission To Travel With Another Adult

I agree to let my child, _____, to
(student's name)

travel with Mr./ Ms. _____
(parent or guardian)

for this school event/athletic activity. I understand that when my child rides in a privately-owned vehicle, George Walton Academy's insurance does not cover my child. I also understand that George Walton Academy and its coaches or sponsors are not liable when my child is riding in a privately-owned vehicle.

Date: _____ Activity/Event: _____

Parent or legal guardian's signature: _____

This form must be completed and returned to your child's coach or school-appointed sponsor to leave an activity in a privately-owned vehicle.

Thank you,

Dr. Daniel G. Dolan
Headmaster