

**CENTRAL UNIFIED SCHOOL DISTRICT
RIO VISTA MIDDLE SCHOOL**

RELEASE FOR TRAVEL HOME AFTER SCHOOL ACTIVITY

I request that my son/daughter be released to my custody, rather than returning to school on the transportation provided by the school district. I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and that Central Unified School District, its agents and employees are released from any liability which might be incurred thereby.

DATE: _____ Activity: _____

ADVISOR: _____

STUDENT'S NAME: _____

PARENT SIGNATURE: _____

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