



ELKHORN VALLEY SCHOOL DISTRICT NO. 80

601 South Madison
P.O. Box 430
Tilden, NE 68781-0430

Phone 1-402-368-5301
FAX 1-402-368-5338

*Home of the
Falcons!*

PARENTAL RELEASE FOR STUDENT TRANSPORTATION

I, _____, the parent or guardian of _____,
parent/guardian student name
do hereby authorize transportation home from _____
school activity
by _____. Furthermore, I agree to indemnify and hold
harmless the Elkhorn Valley School District from any liability associated with allowing transporta-
tion by an individual or individuals other than the Elkhorn Valley School District or its employees,
agents or administrators.

Parent/Guardian

Today's Date
(must be signed 24 hours prior to date of activity)

Date of School Activity

"Working Together for Quality Education"