

Riverland

COMMUNITY COLLEGE

TRAVEL REQUEST FORM

I, _____ agree to take full responsibility for the
Name of Parent/Guardian/Spouse

transportation of _____. I understand that in
Name of Student/Athlete

signing this form, I release all responsibility and travel liability from Riverland

Community College Athletic Department.

Print Student name: _____

Signature: _____ Date: _____
Parent/Guardian/Spouse

***NOTE:** This must be submitted to the Athletic Director a *minimum of 24 hours prior* to the departure of the respective team's travel to the athletic event.

Office use only:

Date received _____

Athletic Director Approval: _____
Signature Date

Coaches Approval: _____
Signature Date