

Alternate Travel Release Form

As the parent/guardian, I hereby allow the child(ren) in my care listed below to travel separately from the CRI group and the transportation organized and provided by Community Rowing, Inc.

I understand that by doing so, my child(ren) will no longer be covered under Community Rowing, Inc insurance for the specified alternative portion of the trip, and will therefore no longer be covered by a Community Rowing, Inc. liability for that portion.

PARENT / GUARDIAN FULL NAME (PRINT)

MAIN PHONE NUMBER

PARENT / GUARDIAN SIGNATURE

DATE

TRAVEL INFORMATION

Please circle all that apply: My child(ren) will receive alternate travel **TO / FROM** the event.

Note: Athletes under the age of 18 are not permitted to drive to or from events for which Community Rowing, Inc. provides transportation.

NAME OF CHILD(REN) RECEIVING ALTERNATE TRANSPORTATION

NAME OF EVENT

DATES OF TRAVEL

FULL NAME OF PERSON PROVIDING ALTERNATE TRANSPORTATION

MOBILE PHONE NUMBER