



**Walla Walla Public Schools**  
**Walla Walla High School - Blue Devil Athletics**

Jack Mehn, Director ❖ 509-526-8635 ❖ JMehn@wwps.org  
Britt Adkins, Asst. to Director ❖ 509-526-8633 ❖ BDAdkins@wwps.org  
800 Abbott Road, Walla Walla, WA 99362

**STUDENT/PARENT RELEASE FOR PRIVATE TRANSPORTATION TO/FROM PRACTICE**

**I volunteer to provide my own private transportation for the school-related function identified below and affirm the following:**

1. I have a valid vehicle operator's license.
2. My vehicle is in a safe, serviceable operating condition.
3. I currently have vehicle liability insurance in force for this vehicle.
4. I am aware that the liability insurance policy of Walla Walla Public Schools will not be in effect.
5. I am aware that I must travel directly to and from practice for the sport of:

**TENNIS**

Driver of Vehicle (please print): \_\_\_\_\_

Signature of Vehicle Driver \_\_\_\_\_ Date \_\_\_\_\_

**As the student's parent/guardian- please sign below**

I have read and agree to the above acknowledgement. I/we agree to release Walla Walla Public Schools, its employees, agents, representatives, coaches and volunteers from any liability in connection with my student transporting himself/herself.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Turn in this form to the head coach.