

SPORTS SERVICES TRAVEL RELEASE FORM

NAME:		STUDENT #:	STUDENT #:	
PHONE:		EMAIL:	EMAIL:	
GROUP	P/TEAM:			
his will	serve as confirmation that I will be traveling in	ndependently (check all that	apply):	
TO	LOCATION/EVENT:		DATE:	
FROM	OCATION/EVENT:		DATE:	
•	event as indicated above; In making alternate travel arrangements, I accepted arrangements; In keeping with the Gee-Gees Behavioral Guid and activities before I join or once I leave the Gound I am aware of when and where I am to be consequences if I arrive late; and I release the University of Ottawa from any a occurs as a result of my decision to make the acceptance.	delines, I assume responsibil company of the team / grou regarding the above-noted and all liability for any loss,	ity for all of my actions p event, and accept the injury or accident that	
Signature of Student-Athlete		Date	Date	
 Signa	iture of Head Coach	 Date		

A copy of this completed form must be submitted by the Head Coach to the Administrative Assistant – Travel (scan, phone photo, fax, email) with student-athlete and head coach signatures prior to departure.