

Storey County School District

Department of Transportation

P.O. Box C-124 south E St.

Virginia City, NV 89440

Ph. (775)847-0942 Fax (775)847-0989

Date/Time:_____ Activity_____

Name of student/child_____

My child will not be returning home from the school function/activity via the transportation provided by the Storey County School District. I will be taking custody and supervision of my child. I hereby release the Storey county School District and its employees from all claims liability.

Parent/Guardian signature_____