

*Middletown High School, 120 Silver Lake Road, Middletown, DE 19709*  
Athletic Transportation Liability Release Form

Date \_\_\_\_\_ Sport \_\_\_\_\_ Site \_\_\_\_\_

By signing below, I certify that I am the legal guardian of my student and I agree to release the Appoquinimink School District, Middletown High School, and the Coaching Staff of the team listed above from all liability and responsibility for my student's safety home.

\*Students are **ONLY** allowed to be released to their legal Parent or Guardian; no third party signatures are acceptable.

PRINTED Student Name	PRINTED Parent Name	PARENT SIGNATURE

HEAD COACH SIGNATURE	DATE
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