

**BOLTON PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT  
104 NOTCH ROAD  
BOLTON, CT 06043**

**LIABILITY FORM FOR PARENTS  
TRANSPORTING THEIR OWN STUDENT FROM FIELD TRIPS  
AND/OR  
CO-CURRICULAR ACTIVITIES**

I am aware that in providing transportation for my child \_\_\_\_\_  
from a school sponsored athletic event, field trip or other co-curricular  
activity

to my home or other location

\_\_\_\_\_  
(specify location)

on \_\_\_\_\_  
(date)

that in doing so I relieve the school system of responsibility for his/her  
safety while he/she is traveling with me.

In recognition of this fact, I am filing this form with the Principal of  
Bolton Center School as required by the policy of the Bolton Public  
Schools

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature: