

TRAVEL RELEASE FORM

NAME:				
STUDENT	STAFF	TRAINER	OTHER	
University of Wes	stern Ontario. I w	vill not be traveling with	team / group at the n the team / group To / From (circle one on) on (da	
Ontario has offere	ed to provide me to accept my over	ransportation to and fro	rel arrangements. The University of Western the competition / event, but I clearly resonal injury which may result from my deci	fuse
and its affiliates fi	rom any and all re sume responsibili	esponsibilities should ar	department of Sports and Recreation Servary bodily injury or accident(s) occur. and activities before I join or once I leave	
Member Signature	;		Date	
Coach / Group Lea	ader Signature		Date	_





