

TRAVEL RELEASE FORM

NAME:				
STUDENT	STAFF	TRAINER	OTHER	
Western University	ty. I will not be t	traveling with the team	group To / From (circle ion) on	e one or both)
provide me transp	ortation to and fr	om the competition/ev	rrangements. Western Un ent, but I refuse this offer on to use alternative arran	r and agree to accept all
are not responsible	e for any injury o	or accident that may occ	ports and Recreation Sercur. Furthermore, I assume company of the team/	ne responsibility for all
Signature			Date	
Coach / Group Lea	nder Signature		Date	

**Please file this form with the Travel Coordinator (WSRC 3235) before departure of noted trip.



Western University
Sports and Recreation Services, WSRC 3235
London, Ontario, CANADA, N6A 5B9
Telephone: (519) 661-3552, Facsimile: (519) 661-3385
E-mail: mustangstravel@uwo.ca Website: www.westernmustangs.ca

