



# WALLENPAUPACK AREA SCHOOL DISTRICT

2552 Route 6  
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**Dr. Jay Starnes**  
Assistant Superintendent

**Keith E. Gunuskey**  
Superintendent

**Kerriann Horan**  
Business Administrator

**Travis Ey**  
Athletic Director

**Lindsey Shaheen**  
Board Secretary

## Single-Use Travel Release Form School Year 2024 - 25

This is to certify that \_\_\_\_\_ has my permission to ride home with  
***Student/Athlete Name***

\_\_\_\_\_ following the athletic contest on \_\_\_\_\_.  
**Adult Name** **Date**

I understand that the Wallenpaupack Area School District Athletic Rules require students to ride the busses to and from all athletic events. Departure from this requirement will release the Wallenpaupack Area School District from all liability for any adverse results that may occur.

I agree to release the Wallenpaupack Area School District and its employees from all liability with reference to the above stated transportation.

**\*THE WALLENPAUPACK AREA SCHOOL DISTRICT ADMINISTRATION AND COACHING STAFF RESERVE THE RIGHT TO DISALLOW STUDENTS TO BE TRANSPORTED WITH THE ABOVE ADULTS IF EXTENUATING CIRCUMSTANCES ARISE.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_