

**PERMISSION AND RELEASE FOR PICKUP AND/OR DROP OFF**

STATE OF NORTH CAROLINA  
COUNTY OF CATAWBA

The undersigned, \_\_\_\_\_, hereby certifies that he/she is the  
Parent/Legal Guardian/Legal Custodian  
*parent/legal guardian/legal custodian* [circle one] of \_\_\_\_\_  
(hereinafter referred to as "Student"). The undersigned hereby grants permission for Student to be delivered to,  
picked up from and transported and removed from the campus of \_\_\_\_\_ at  
any time by the following persons [list the names of the persons picking up]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The undersigned further acknowledges that he/she has been advised by the administration of  
\_\_\_\_\_, including its principal and assistant principal, that the  
\_\_\_\_\_ After School Program is not a program connected with or sponsored by the  
Newton-Conover Board of Education or \_\_\_\_\_ School and the aforementioned persons are  
not employees, agents or in any way acting on behalf of or in furtherance of Newton-Conover Board of Education or  
\_\_\_\_\_ Elementary School. Newton-Conover Board of Education and  
\_\_\_\_\_ Elementary School makes no representation regarding the suitability or fitness of the  
aforementioned program or persons with regard to the transport, deliver, pickup, instruction of or care of Student.

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned, for himself or  
herself and his or her heirs, successors and assigns, does hereby release and forever discharge, Newton-Conover  
Board of Education, its agents, employees, officers, directors and board members, and all other persons, firms and  
corporations acting under or through Newton-Conover Board of Education, from any and all claims, damages,  
actions, causes of action, which the undersigned now has or which may hereafter accrue with respect to the picking  
up from, delivery to or transport from \_\_\_\_\_ School of Student by the aforementioned  
persons.

The undersigned further acknowledges that this permission must be revoked in writing and signed by the  
undersigned in the presence of Principal/Assistant Principal, \_\_\_\_\_.

This the \_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Legal Custodian

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:  
\_\_\_\_\_

I acknowledge that I have witnessed the aforementioned parent/legal custodian/legal guardian sign this document:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name