

Trinity Christian Academy

Parent Consent for Student Transportation Form*

*Volunteer Driver Form must be on file in school office

Due to the high cost of hiring transportation services, Trinity Christian Academy often needs help in transporting students on field trips or for sporting events. Parents, coaches and staff have been generous in providing transportation assistance. All volunteer drivers are adults and have completed a volunteer driver form to reduce the liability of the school and volunteer drivers by allowing TCA to be proactive in the selection of adult drivers.

Volunteer drivers certify that they have adequate insurance, a valid license, and will only transport the number of students in accordance with the manufacturer's rated seating capacity for the vehicle. **Students will not be allowed to transport other students to school sponsored activities.**

I, the undersigned parent or guardian, hereby consent for my child(ren), _____

to be driven to field trips and sporting events by volunteer drivers approved by Trinity Christian Academy effective August 1, 2022 – July 31, 2023.

I certify that my child is able to participate in the activities required for participation in these events. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize the adult supervisors and sponsors to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to waive any claims of individual or joint and severable liability against Trinity Christian Academy and its agents and employees, for any potential liability incurred do to actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with activity or participation in other associated activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Tennessee. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. I understand that this is a legally binding agreement.

Date

Signature of parent or guardian

Telephone number, if emergency

Printed Name

Medical conditions of which I am aware _____