



Atlantic Christian Academy Parent Transportation Permission Form

_____ has my permission to be transported to school events by:
Student Name _____

- ACA Staff
 - ACA Parent
 - Approved ACA Student
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In consideration of being permitted to participate in extracurricular activities at or on behalf of the School, I, for my heirs, executors and administrators, hereby release and forever discharge the School, its officers, directors, employees, managers, and agents, from any and all liabilities, injuries, claims, actions, damages, costs or expenses which I may have against them, arising out of or in any way connected with school, including injuries which may be suffered before, during or after the event. I understand that this release includes any claims based on negligence, action or inaction by any of the above parties.

Signature of Parent _____ Name of Parent (printed) _____ Date _____

Daytime Phone _____ Evening Phone _____

Emergency Contact _____ Phone Number _____



ATLANTIC
CHRISTIAN ACADEMY
Integrating Faith, Love and Learning