

Consent to Transport

Waiver and Release of All Claims

Jeffersontown Christian Church
10631 Taylorsville Road, Louisville, KY 40299
502-267-5474

Person to be Transported

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone # _____ Mobile Phone # _____

If Minor Child named above, please complete the following:

Parent or Guardian: _____
Parent or Guardian Work Phone #: _____ Mobile Phone #: _____

Emergency contact other than Parent or Guardian:

Name: _____
Relationship: _____ Phone #: _____

Transportation Waiver and Release

I, the undersigned, give my consent for the person identified above to be transported by Jeffersontown Christian Church and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold Jeffersontown Christian Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize Jeffersontown Christian Church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/ events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with Jeffersontown Christian Church.

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – AUGUST THROUGH JULY. This waiver is valid through July, 2019.

Signed this _____ day of _____, 20_____

Signature

Print Name/Relationship