

Signature

Consent to Transport Waiver and Release Form

Person(s) to be transported (One household per form.

Use back if necessary)

First	Last		Birthday	Grade
First	Last		Birthday	Grade
First	Last		Birthday	Grade
First	Last		Birthday	Grade
First	Last		Birthday	Grade
Street Address		City	State	Zip
Cell Phone#		Home Phone #	‡	
Parent/Guardian name		Cell Phone #		
I, the undersigned, give my co Wesleyan Church (LWC) and illness or injury that may resu	d will assume all liabil	lity for their participa	ntion in this activity/eve	ent and any
1. I will not hold Lifeway We its behalf, responsible or liablactivities or such travel.				
2. I hereby accept financial re	esponsibility for any p	ersonal items lost by	the person(s) identified	d herein.
3. I also understand that disreperson(s) listed above while resaid person(s) to and from the	riding the LWC van/b	us will require that I	•	
4. I accept full responsibility Lifeway Wesleyan Church.	and hereby grant pern	nission for the above	named person(s) to tra	vel with
This Waiver and Release will This Waiver and Release is v	-		s of and after the date b	elow.

Print Name/Relationship