

Faith Community Fellowship Consent to Transportation Waiver

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

First Name	Last Name	Date of Birth
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First Name	Last Name	Date of Birth
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First Name	Last Name	Date of Birth
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First Name	Last Name	Date of Birth
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Street Address	City	State	Zip
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Parent/Guardian Name	Phone#
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I, the undersigned, give my consent for the person(s) identified above to be transported by the volunteers and staff of Faith Community Fellowship (FCF) and will assume all liability for 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 Faith Community Fellowship, its employees, volunteers or anyone acting on its behalf, responsible or liable for injury occurring to the named person(s) in the course of such activities or such travel.
2. I hereby accept financial responsibility for any personal items lost by the person(s) identified herein..
3. I accept full responsibility and hereby grant permission for the above named person(s) to travel with Faith Community Fellowship

This Waiver and Release will be valid for all transportation occurring as of and after the date below. This Waiver and Release is valid through August 2025.

Today's Date: _____

Signature: _____

Print Name and Relationship: _____