



Waiver and Permission Form to Transport Child

Authorization is Valid: September 1, 2025 – August 31, 2026

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____

My child has permission to be transported in a motor vehicle by the following individuals:

- Lake Country Classical Academy ("LCCA") authorized employees, including but not limited to instructional staff, administrators, and coaches.
 - LCCA volunteer parents.
 - The following specified individuals: _____
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My child has permission to be transported in a motor vehicle by the individuals identified above in the following circumstances:

- To and from one LCCA campus to the other.
- While participating in after-school clubs or activities.
- To and from sporting competitions or events.

I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver. I agree that I, for myself, my child, my executors and assigns, to release from liability LCCA and its agents, officers, employees, and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I further agree to hold harmless and release from liability LCCA, its agents, officers, employees, and volunteers from any suit, demand, injuries, damages, or claims for damages of any kind, arising out of the use of non-school transportation (e.g., carpooling).

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____