POLK COUNTY FELLOWSHIP OF CHRISTIAN ATHLETES (FCA)

BUS TRANSPORTATION PERMISSION, ASSUMPTION OF RISK & RELEASE FORM

Student/Participant Name: _____

Grade: _____ **School:** _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Emergency Contact: _____

Emergency Phone: _____

EVENT INFORMATION

Event/Activity: _____

Date: _____

Destination: _____

PERMISSION TO RIDE FCA TRANSPORTATION

I, the undersigned parent or legal guardian, give permission for my child named above to ride transportation provided or arranged by **Fellowship of Christian Athletes (FCA)** in connection with FCA events, activities, meetings, trips, or other FCA-sponsored activities, or in the event of an emergency.

I specifically authorize my child to be transported by FCA staff, volunteers, or contracted transportation providers, including the following individuals, if applicable:

I understand that transportation may include travel to and from FCA events and may involve an FCA vehicle, school-approved vehicle, charter bus, or another vehicle or driver authorized by FCA. I understand that reasonable safety precautions will be taken during transportation.

I acknowledge that I have signed the **FCA Minor Participant Waiver** on behalf of my child, which addresses the release of liability for FCA employees and representatives in the event of an accident or injury. I understand that this transportation permission form supplements that waiver and does not replace it.

I understand that transportation involves inherent risks, including, but not limited to, automobile or bus accidents, traffic conditions, weather conditions, delays, injuries, illness, and other unforeseen circumstances.

ASSUMPTION OF RISK

I acknowledge and understand the risks associated with participation in FCA activities and transportation. I voluntarily allow my child to participate and assume responsibility for the risks associated with his/her participation and transportation to and from FCA activities.

I understand that FCA cannot guarantee my child's safety and that accidents, injuries, illnesses, property damage, delays, or other incidents may occur despite reasonable precautions.

RELEASE AND WAIVER

To the fullest extent permitted by applicable law, I, on behalf of myself and my child, release and agree to hold harmless **Fellowship of Christian Athletes (FCA), its officers, directors, employees, volunteers, sponsors, agents, representatives, and affiliated individuals or organizations** from claims, demands, damages, losses, expenses, or causes of action arising out of or related to my

child's participation in FCA activities or transportation, including claims arising from ordinary negligence, to the extent such release is permitted by law.

I understand that this agreement does **not** waive or release any claim or liability that cannot legally be waived or released under applicable law.

MEDICAL AUTHORIZATION

In the event that my child becomes ill or injured while participating in an FCA activity or while being transported to or from an FCA activity, I authorize FCA personnel or other responsible adults to obtain reasonable emergency medical care for my child when I cannot be reached.

I understand that I am responsible for any medical, hospital, ambulance, medication, or other expenses incurred on behalf of my child.

Allergies/Medical Conditions/Medications FCA Should Know About:

PARENT/GUARDIAN ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read this entire form and understand its contents.
- I am the parent or legal guardian of the student named above.
- I voluntarily give permission for my child to participate in FCA activities and ride FCA-provided or FCA-arranged transportation.
- I authorize FCA staff, volunteers, and contracted transportation providers, including any individuals identified above, to transport my child for FCA activities or in an emergency.
- I understand the risks associated with participation and transportation.
- I acknowledge that I have signed the FCA Minor Participant Waiver on behalf of my child and understand that this form supplements that waiver.
- I agree to the assumption of risk and release provisions contained in this form to the fullest extent permitted by law.
- I understand that FCA is not responsible for circumstances beyond its reasonable control, subject to applicable law.
- I am responsible for providing FCA with accurate emergency and medical information.
- I understand that this form applies to the FCA event identified above and, if designated by FCA, may remain effective for additional FCA events during the current school year.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Student Signature: _____

Date: _____