

**Living Waters Victory Church Fellowship (LWVCF) – Student Ride Waiver Form**

**2019-2020 Church Transportation Permission Slip and Liability Waive. This form is to be completely and or filled out and signed by the Student, that is 16 years of age or older, BEFORE the student may ride the van or bus or truck, to the designated drop off zone, for any or all Living Waters Victory Church Fellowship (LWVCF) Youth Group or Church Functions.**

**Please print:**

Student's

Name \_\_\_\_\_

Address \_\_\_\_\_ Ci

ty \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Please list, if you have you permission, to attend Church, youth programs, church related events, and/or receive a ride home in the Van or Bus or Truck Program(s).

Student's First Last Name, Gender, Age, Grade, DOB

\_\_\_\_\_  
\_\_\_\_\_

Do you have any food or medication allergies? (**Please Circle**) Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you have any serious medical conditions we need to be aware of? (**Please Circle**)

Yes \_\_\_\_\_ or No \_\_\_\_\_

If you answered **yes** to either of the above questions please list the allergies, and or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission, as a student of 15 years or older, to ride the van or bus or truck, and participate in activities, and attend **Living Waters Victory Church (LWVCF) Youth Group** or any of the church related functions. I understand that I will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless **Living Waters Victory Church (LWVCF) Youth Group** and all other church-related functions. By signing this permission slip, I release and hold harmless its **drivers, trustees, officers, employees, and any volunteers** from any liability, past or future, fully and completely. I authorize the **staff and/or volunteers** to contact emergency medical assistance, as a first line

of defence, then, contact my parent and or guardian at this noted number (***please indicate – cell or home phone and write in the contact number and name of the parent and or guardian***) Cell Phone or Home Phone Parent and or Guardian's name:

---

Cell/Home Phone Number: \_\_\_\_\_.

I understand that my photo may be taken and used in printed publications, website or social media by ***Living Waters Victory Church (LWVCF) Youth Group and or Church Proper***, and that I may contact the church office to revoke this permission.

Parent or legal Guardian signature

---

Date \_\_\_\_\_

\*For **LWVCF Staff use only**(Van or Bus or Truck Licence #) \_\_\_\_\_

Is the above Information Complete? (***Please circle***) Yes or **No**

Van or Bus or Truck Driver's Initials \_\_\_\_\_