



WAKE
CHRISTIAN ACADEMY

PARENTAL CONSENT FOR NON-WCA TRANSPORTATION

Student Name: _____

Date: _____

Trip or Activity: _____

Re-occurring Event: Yes _____ End Date: _____
No _____

Teacher/Grade: _____

Method of Transportation: _____

- When privately owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident.

Name of Driver: _____

Signature of Driver: _____ Date: _____

- We release all responsibility from Wake Christian Academy for our student while in the care of the named driver.

Parent Name: _____

Parent Signature: _____ Date: _____

When vehicles owned by Wake Christian Academy transport students, the school's vehicle liability coverage is applicable to any vehicular accident.

Disclaimer-WCA provides transportation for this activity/event however, you the parent/guardian have chosen alternative transportation for the above named student. You the parent/guardian choose to release, forever discharge and agree to hold harmless Wake Christian Academy and the representatives there of from any and all liability.

WCA Staff: Return this form to your immediate supervisor