

Wesley International Academy



Child's Name: _____

Parent Name: _____

Cell Number: _____

Alternate/Emergency Number: _____

TRANSPORTATION WAIVER (initial required)

_____ I understand that in order for my child(ren) to ride with an WIA Staff or Parent, I must grant my permission. My signature below acknowledges that WIA Staff and designated parents may transport my child(ren) to or from sports activities (football, volleyball, basketball, baseball, soccer, etc.) from August 2021 through May 2021.

HOLD HARMLESS AND LIABILITY RELEASE (initial required)

_____ Wesley International Academy Activities (WIA) ONLY. I will hold harmless WIA's staff members, parents, or volunteers from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in activities. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program guidelines.

Parent Signature

Date

Parent Signature

Date