



Waiver and Release Walkers

Treasure Coast Classical Academy (TCCA)

Student Transportation Device Policy

Effective August 1, 2026

Student Information

Student Full Name: _____ Grade: _____

Days that scholar will be walking (circle all that apply):

Monday Tuesday Wednesday Thursday Friday

I, the undersigned parent / legal guardian of the above-named minor student, state under penalty of perjury that I have read, understand, and agree to the following:

1. I understand my scholar has permission to leave Treasure Coast Classical Academy, located at 1400 SE Cover Road, Stuart, FL 34997, without a parent or guardian. I am aware that once my scholar leaves the school campus, there is no adult supervision for them. I have made my scholar aware that for their safety, they are not allowed to loiter around the campus after school or at any nearby businesses, and they are to go directly to their after-school destination.
2. Walkers must not enter Legacy Cove property under any circumstances unless their residence is there.
3. Walkers may not walk to a parked car on Ault, Cove, or Anderson Middle School.
4. The scholar must walk on campus.
5. Should there be any changes, info@thetcca.net must be notified.
6. I understand my scholar will be leaving campus at 2:50 PM, unaccompanied. Any PERMANENT CHANGES must be made with the TCCA office no later than 2:00 PM on any given day.
7. In consideration of TCCA permitting my student to walk to and from campus, I hereby release, waive, and discharge Treasure Coast Classical Academy, its Board of Directors, officers, administrators, faculty, staff, employees, contractors, agents, volunteers, and representatives (collectively, "TCCA") from any and all liability, claims, demands, actions, causes of action, damages, costs, and expenses (including attorneys' fees) arising out of or related to any injury, up to and including death, to my child, myself, or any third



party in connection with the activity.

8. I have had the opportunity to consult with an attorney. I sign this Waiver voluntarily and with full understanding of its terms.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF TCCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM TCCA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND TCCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.



I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE/WAIVER OF LIABILITY.

Signatures of Natural Guardians / Parents

Both natural parents (mother and father) must sign this form to fully release liability, including when the parents are unmarried. An unmarried father's signature is required. If the parents are unmarried, divorced, or separated, both parents must still sign unless a court order grants sole parental responsibility or sole legal custody to one parent. In that limited case, only the parent with sole legal custody must sign and note the court-order status below.

Parent/Guardian 1

Relationship: ☐ Mother ☐ Father ☐ Other Legal Guardian: _____

Signature: _____ Date: _____

Printed Name: _____

Phone: _____ Email: _____

Parent/Guardian 2

Relationship: ☐ Mother ☐ Father ☐ Other Legal Guardian: _____

Signature: _____ Date: _____

Printed Name: _____

Phone: _____ Email: _____ If

only one parent/guardian is signing, state reason and any court-order details (e.g., sole custody, unmarried with sole parental responsibility, etc.):

Student Acknowledgment

I have read and understand the Policy and this Waiver. I agree to follow all rules.

Student Signature: _____ Date: _____

For TCCA Office Use Only

Received by: _____ Date: _____

☐ Copy given to parent/guardian ☐ Original placed in student file