



Student Transportation Permit

I, the undersigned, represent that I am the parent or legal guardian (the “Parent”) of: _____, a student enrolled in King’s Schools (the “School”).

Parent hereby grants permission for the Student named above to utilize authorized School transportation to travel to the off-campus activity Alpine Club trip to Steven’s Pass. Transportation may be operated by school personnel, independent contractor or private individuals. Parent accepts the responsibility of determining whether transportation is safe and reasonable for the purpose intended.

Parent agrees to assume the responsibility of all medical, transportation, rescue and other related expenses incurred on behalf of Student. Should the need arise, Parent permits CRISTA Ministries’ personnel or its designees to seek emergency medical assistance for Student. CRISTA will make reasonable efforts to contact Parent if Student requires medical attention.

Parent releases and agrees to hold harmless, defend and indemnify CRISTA Ministries, its directors, officers, employees, and agents, from and against all claims, including claims brought by Student, for personal injury, negligence, property damage, and/or wrongful death that may arise as a result of either Parent or Student’s participation in, or transportation to, the named activity.

Parent has read and agrees to all of the sections of the Student Transportation Permit, and voluntarily and knowingly accepts all its terms and provisions.

Name

Date

Parent or Guardian Signature (on behalf of the marital community)

Phone

In case we cannot reach you, please provide alternative emergency contact information for your Student below.

Emergency Contact Name

Emergency Contact Phone

Students that do not have this form completed by a parent or guardian will not be allowed to travel with the School to the named activity. Students engaging in dangerous or disruptive behavior may be sent home (at their parent’s expense) or disciplined by the School.

This form covers the following dates in 2020: 1/24, 31; 2/7, 14, 21, 28

Please provide any additional relevant medical information about your student (allergies, medications, etc.)

