



**SHEPHERD OF GOD
CHRISTIAN ACADEMY**

(786) 339-8503

**824 W PALM DR,
FLORIDA CITY, FL 33034**

ADMISSIONS.SOGCA@GMAIL.COM

STUDENT TRANSPORTATION RELEASE FORM

Student Name: _____

Address: _____

DOB: _____ **Age:** _____ **Grade:** _____

Parent(s) or Guardian(s): _____

Phone: _____ **Cell:** _____ **Email:** _____

Phone: _____ **Cell:** _____ **Email:** _____

This form acknowledges that I give my consent and allow my child(ren) to ride on G.I Lopez Transportation Buses, however, waves all liability against Shepherd of God Christian Academy for any injuries, thefts, or mishaps while riding on the bus.

I understand that G.I Lopez Transportation is a separate business/entity and is to be held solely responsible for all situations and occurrences that may occur while my child is riding on any bus operated and run by G.I Lopez Transportation and its staff. Shepherd of God Christian Academy will not be responsible for any occurrence my child is involved in whether before and after school, school field trips, or independent functions. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Shepherd of God Christian Academy and any of financial responsible for any injury, illness, or death as a direct or indirect result of this activity.

I understand that if my child(ren) becomes too distracting for others on the bus or the driver of the bus, I acknowledge that she or he will be asked to find other transportation to and from school.

WE, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS AND EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. WE UNDERSTAND THAT THERE IS NO MEDICAL INSURANCE PROVIDED BY THE SHEPHERD OF GOD CHRISTIAN ACADEMY

X _____
PARENT'S SIGNATURE

X _____
TODAY'S DATE