



## The River Learning Academy Transportation Release

To be completed by Parent(s)

During the course of the school year The River Learning Academy will be planning field trips and special events. These field trips and special events may be planned during school hours or on a Monday or Friday. The administrators and field trip planners will do their best to give ample notice of a date so that our working parent(s) can have the option to coordinate with their work to take the time off and participate with their student(s).

If the case arises that parent(s) are not available to participate, but still wish for their student(s) to participate then the administrators will work on finding a way to transport the student(s) with themselves or other trusted parents in The River Learning Academy.

Please sign the following statement to release liability from The River Learning Academy, The River Church and parents that will be transporting your student(s) if an accident should occur.

We, intending to be legally bound, do hereby release, waive, discharge and consent not to sue The River Learning Academy Co-op's administrators, board, employees or volunteers of the organization, other participants and The River Church, all which are herein after referred to as "releases" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury, including death or damage to property, caused or alleged to cause in whole or part by negligence to the release or otherwise in connection with association or entry and/or arising in participation in field trip activities led by The River Learning Academy Co-op.

**Father/Guardian Initials:** \_\_\_\_\_ **Mother/Guardian Initials:** \_\_\_\_\_

We hereby release all members of The River Learning Academy Co-op of any and all liability resulting from medical treatment. We understand if medical attention is necessary and I/we am not present, The River Learning Academy Co-op has my permission to call an ambulance to transport me or my child(ren) to the nearest medical facility for emergency medical treatment.

**Father/Guardian Initials:** \_\_\_\_\_ **Mother/Guardian Initials:** \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_