

Fellowship Christian School
10965 Woodstock Road
Roswell, Georgia 30075

**Transportation Release of Liability
Authorization**

Dear Coach _____,
(Coach's name)

My child, _____ **will be leaving after the** _____
(Player's name) (Game start time)
_____ **game on** _____ **with** _____
(Sport) (Date) (Adult Driver)

and will not be traveling back with the team. The undersigned represents to Fellowship Christian School (herein referred to as FCS), that he/she is the legal guardian and natural parent or the legal guardian of the above named child; and the undersigned does hereby consent to the above transportation and does hereby wholly release FCS and any representative from any responsibility of liability; and waives any claims or causes of action against it or its agents that might arise from such transportation from the above event.

I give permission and accept full responsibility for the above named child's transportation from the above FCS activity. I have read the above Release of Liability and agree to its provisions.

Print Parent Name

Parent Cell Phone Number

Parent and/or Legal Guardian's Signature

Today's Date

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