



BUS RIDER PERMISSION FORM

Child's Name: _____

Parent/Guardian's Name: _____

Street Address: _____

Phone Numbers: Home: _____ Cell: _____

Age Information: Birthdate: _____

Do you attend Sunday School? Yes No If so, where? _____

Medical Information: Please list any medical or other information, including food allergies:

Emergency Contact: Name: _____ Phone: _____

Name: _____ Phone: _____

I, hereby (A) waive, release and discharge from any and all liability for the death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my child/legal dependent named above, of the Woodward Avenue Baptist Church, its employees and members (B) indemnify and hold harmless Woodward Avenue Baptist Church, its employees, and its members from any and all liabilities and claims made by other individuals or entities as a result of any of my actions or the actions of my child/legal dependent named above. (This permission form is valid for twelve months from the date signed).

Parent/Legal Guardian Print Name: _____ Date: _____ Signature: _____

Notary Print Name: _____ Date: _____ Signature: _____

(Seal) My commission expires: _____