



Gentry Academy Student Transportation Consent Waiver for Athletics Event

Gentry Academy Athletics Department

I, the undersigned, _____, am the parent/legal guardian of _____, a student enrolled at Gentry Academy. I hereby provide my consent for my child to be transported to and from the upcoming athletics event scheduled for _____ at _____ by _____, a fellow student/parent.

I understand and acknowledge the following terms and conditions:

Transportation: My child will be transported to and from the athletics event by _____, who is a responsible and duly licensed driver. The mode of transportation may include _____.

Supervision: I am aware that _____ will provide transportation and will accompany the students during the entire duration of the event to ensure their safety.

Emergency Medical Care: In case of a medical emergency, I authorize Gentry Academy staff or the designated driver/parent to seek and obtain necessary medical treatment for my child. I understand that every reasonable effort will be made to contact me or the emergency contact listed below before any medical treatment is administered, but in case of urgency, medical treatment may be administered without prior contact.

Insurance: I understand that it is my responsibility to ensure that my child is covered by adequate medical and accident insurance, and Gentry Academy is not responsible for any medical expenses incurred during this event.

Code of Conduct: I acknowledge that my child is expected to adhere to the school's code of conduct and all applicable rules and regulations during the athletics event. Failure to do so may result in disciplinary actions.

Release of Liability: I release Gentry Academy, its employees, agents, and representatives from any liability for injuries, accidents, or damages that may occur during transportation to and from, as well as participation in, the athletics event.

Emergency Contacts: I have provided accurate emergency contact information below for immediate notification in case of an emergency:

- Emergency Contact Name: _____
- Relationship to Student: _____
- Contact Phone Number: _____

I have read and understand the terms and conditions outlined in this consent waiver, and I voluntarily consent to my child being transported to and from the aforementioned athletics event by _____.

Parent/Guardian Name: _____ Date: _____

Emergency Contact (if different from above):

- Emergency Contact Name: _____
- Relationship to Student: _____
- Contact Phone Number: _____

Note: This consent waiver should be signed by both the parent/guardian and the student driver or parent providing transportation. If the student driver is under the legal driving age in your region, it may also be necessary to obtain a parental consent waiver for the student driver's participation in this transportation arrangement.

For Gentry Academy Athletic Department Use Only

Athletic Directors Printed Name: _____

Athletic Directors Signature: _____

Date Received the Form: _____

Today's Date: _____