

Parent Bus Transportation Waiver

I hereby request bus transportation for _____ in order for him or her to attend the Learning Community Charter School.

I hereby agree to hold harmless the Learning Community Charter School and LCCS Transportation Committee, its volunteers, trustees and/or employees, and its owner and agents from any and all liability of whatsoever nature and injuries, sickness or other damages suffered during his or her transportation to Learning Community Charter School, including but not limited to all claims for compensation, bodily injuries, and property damages whether arising out of alleged negligence.

I understand and acknowledge that The LCCS Transportation Committee is a distinct organization from Learning Community Charter School that is not under the control or supervision of Learning Community Charter School.

I authorize emergency medical treatment in the event of an accident. I/We understand that every reasonable effort to notify us will be taken upon learning of an accident and/or prior to rendering emergency treatment.

Print Full Name: _____

Signature of Parent or Legal Guardian: _____

Emergency Telephone Number: _____

Date: _____