

Lighthouse Church of God

Ride Waiver & Release of Liability Form

Parent/Guardian Information:

Full Name: _____ Email: _____

Mobile Phone: _____ Home Phone: _____

Home Address: _____

**This will be where the student is dropped off each week.*

Student Information:

Full Name: _____ Age: _____ Grade: _____

Notes/Comments:

I, _____, give permission for the Lighthouse Church of God staff and volunteers to transport my child, _____, to and from youth events on and off campus.

Parent/Guardian Signature

Date