

ANTIOCH CHRISTIAN ACADEMY ATHLETICS ALTERNATE TRANSPORTATION FOR ATHLETIC CONTEST

I. COMPLETED PRIOR TO ATHLETIC CONTEST

NAME OF STUDENT	DATE OF ATHLETIC CONTEST
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My signature indicates that I hereby acknowledge and I understand that Antioch Christian Academy school insurance will not cover my child while he/she is in my custody. I assume full responsibility for my child during the time he or she is in my custody. Antioch Christian Academy and their school insurance, Antioch Baptist Church and their vehicle insurance and the transportation vendor (if chartered) are hereby released from any liability during this time.

Signature: _____ / _____
PARENT OR LEGAL GUARDIAN DATE

PRINTED NAME OF MOTHER, FATHER OR LEGAL GUARDIAN

PRINTED NAME OF PERSON ASSUMING CUSTODY OTHER THAN PARENTS OR GUARDIAN



II. COMPLETED AFTER ATHLETIC CONTEST

Signature: _____ Time: _____
ANTIOCH CHRISTIAN ACADEMY STAFF RELEASING CUSTODY RELEASING CUSTODY

Signature: _____ / _____
PERSON ASSUMING CUSTODY DATE