



Student-Athlete Travel Release From

It is the policy of Cornerstone Classical Academy Athletics that all student-athletes travel to and from athletics competitions with their parent/guardian or with the team. An exception may be granted upon submission of this form. This form should be submitted prior to the departure date. The student-athlete will be permitted to travel on the CCA buses with coaches or with an adult outside of their family or someone not listed on their emergency contact.

Student-Athlete Name: _____ **Grade:** _____ **Sport:** _____

As a parent/guardian of a student-athlete at Cornerstone Classical Academy, I assume the risks associated with my child traveling to and from this activity. I, on behalf of myself, my personal relatives, heirs, next of kin, successors, and assigns, forever:

Waive, release, and discharge Cornerstone Classical Academy, its members individually, its agencies, officers, employees, students, and volunteers from any and all negligence and liability for death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, my child, and my estate as a direct or indirect result of my decision to allow my child to travel with the person mentioned above; and indemnify, save, and hold harmless Cornerstone Classical Academy, its members individually, its agencies, officers, employees, students, and volunteers of, from and against any and all claims of any nature including costs, expenses, and fees arising out of or resulting from my child traveling with the person mentioned above.

I affirm that I am freely signing this release. I have read its terms and fully understand that by signing I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my child traveling as described above. I agree that if any portion of this release is invalid, the remainder will continue in full legal force and effect.

Student Athlete: _____ Date: _____

Parent/Guardian: _____ Date: _____

Head Coach: _____ Date: _____

Director of Athletics: _____ Date: _____