

TRANSPORTATION WAIVER – 2025-26 School Year

PURPOSES AND EXTENT OF FOLLOWING AGREEMENTS

Leduc Fellowship Church is collecting and retaining this personal information for the purpose of enrolling your child/youth in our programs, to assign the child/youth to the appropriate classes, to develop and nurture ongoing relationships with you and your child/youth, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Leduc Fellowship Church to limit the information collected, or to view your child's'/youth's information, please contact us.

I, _____ hereby grant Leduc Fellowship Church permission

Parent/Guardian Name

to transport my child(ren) _____

Child(ren's) Name

during any/all LFC Kids Ministry activities by using their own personal vehicles, public transportation and/or vehicle rentals.

I undertake and agree to indemnify and hold blameless the Leduc Fellowship Church Staff, Board of Elders and LFC Kids Volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Leduc Fellowship Church, as well as of any medical treatment by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Leduc Fellowship Church.

PARENT/GUARDIAN INITIALS: _____

EMERGENCY MEDICAL CONSENT

In the event of emergency, I/we, the parents or guardians named below, authorize the Leduc Fellowship Church Staff and Children and Youth Ministry Leaders or one of the Leduc Fellowship Church Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless the Pastor, the Ministry Staff, Leduc Fellowship Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Leduc Fellowship Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Leduc Fellowship Church.

SIGNATURE OF PARENT

PRINT NAME

DATE