



TRENTON CATHOLIC ACADEMY

The Upper School at McCorristin Campus

175 Leonard Avenue ♦ Hamilton, NJ 08610-4899

Tel: (609) 586-3705 ♦ Fax: (609) 586-6584 ♦ www.trentoncatholic.org

PARENT TRANSPORTATION RELEASE AND WAIVER

This form must be completely filled out in advance before the athletic event and given to the TCA Athletic Director for approval. The coaching staff will then be notified after approval is given.

I understand and acknowledge that Trenton Catholic Academy provides all necessary transportation to and from all athletic contests and it is the standard policy that all student-athletes and coaches utilize the transportation provided. However, I am requesting that I be afforded the opportunity to provide transportation for my son/daughter to and/or from an athletics event/contest.

I assume any and all risks of accident and injury to myself and/or my property as a consequence of my decision to provide transportation and not using the transportation provided by Trenton Catholic Academy.

I acknowledge that I understand the Trenton Catholic Academy policy against transporting any passengers to/from any athletics events and agree not to transport anyone other than my child.

I hereby certify that the vehicle that I will use for transportation to and from this event is covered by liability insurance for the minimum amount(s) prescribed by law.

Therefore, I assume all liability for, am responsible for, indemnify, and hold harmless Trenton Catholic Academy and its officers, employees, and agents against any loss, liability, damage, or expense arising from any actual or claimed death or injury to any person or actual or claimed damage to property, whether owned by me, Trenton Catholic Academy or third parties, including loss of use, that actually or allegedly results from providing transportation for my son/daughter to or from athletics activities in any vehicle not owned or contracted by Trenton Catholic Academy.

Please list dates below of athletic events when you would like to transport yourself.

Date(s): _____

Print Student Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Expect the Exceptional