



## **Transportation Release**

I hereby give permission and consent for my student(s) to participate in all school-sponsored activities, both on and off campus. Permission is granted for my child to travel to any off-campus activities. I hereby absolve Lighthouse Christian School, Lighthouse Christian representatives, and families (including team parents) from any and all liability that might arise from injuries sustained by my child before, during or after any school-sponsored activity.

Student name	Grade
Parent/Guardian name:	
Parent/Guardian Signature:	Date:
	eship school, committed to the spiritual, intellectual, motional development of students.
960 Eastland Drive, Twin Falls, ID 83	301   208-737-1425   www.lighthousecs.org