



# General Waiver

I hereby certify that my son/daughter \_\_\_\_\_ (name of student) has permission to participate in school sponsored trips. I agree and do hereby release and discharge Lubbock Christian School and any teacher, employee, or other person engaged in these activities, from all claims, present and future, known or unknown, in any manner arising out of these trips. I further understand and agree that this release shall hold Lubbock Christian School and any teacher, employee, or other person engaged in these activities, harmless from any and all liability relating to my son/ daughter for any and all personal injury or illness that may be suffered by my son/daughter, and further, I agree to hold them harmless from any loss of property by my son/daughter that may occur during these activities.

It is understood that no student will be allowed to participate in these activities until this form is signed by his/her parent or guardian.

In case of emergency, I give permission to Lubbock Christian School, or its representatives, to obtain medical treatment for my child in my absence. (LCS athletes must be covered by appropriate medical insurance under their family medical insurance policy.)

\_\_\_\_\_  
Signature of parent or guardian

PLEASE LIST ANY ALLERGIES

TO MEDICATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy and/or Group Number

PHONE NUMBERS WHERE WE CAN BE REACHED IN CASES OF EMERGENCY:

\_\_\_\_\_