



# Christian House of Prayer of Jacksonville

Post Office Box 1203  
Jacksonville NC 28541

## Church Bus Liability Waiver Form

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### Passenger Information

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_

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### Acknowledgment of Risk

I, the undersigned passenger (or parent/guardian if under 18), acknowledge that participation in transportation provided by Christian House of Prayer involves certain risks, including but not limited to accidents, injuries, or property damage. I voluntarily assume all risks associated with riding in the church bus.

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### Waiver and Release of Liability

In consideration of being permitted to ride in the church bus, I hereby release, waive, discharge, and hold harmless Christian House of Prayer, its pastors, officers, employees, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury that may be sustained while participating in transportation, whether caused by negligence or otherwise.

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### Medical Authorization

In the event of an emergency, I authorize Christian House of Prayer representatives to seek medical treatment deemed necessary. I understand that I am responsible for any medical expenses incurred.

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### Passenger Agreement

I agree to follow all safety instructions given by the driver or church representatives. I understand that failure to comply may result in removal from the bus. A parent or guardian must accompany children and youth under 18 years old. No additional stops will be made; unscheduled and recreational stops, i.e., McDonalds are prohibited. Passengers must be ready when the bus arrives, or the bus will depart without them. NOTE: Passengers will have a 5-minute grace period once they are informed. Passengers must submit to ALL safety rules

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### Signature

Passenger/Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Church Representative

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_