

**New Life Camp**  
**Transportation Waiver**

Event \_\_\_\_\_

Date \_\_\_\_\_

Location From: \_\_\_\_\_

Location To: \_\_\_\_\_

Location From: \_\_\_\_\_

Location To: \_\_\_\_\_

**Please choose a transportation option for your student(s):**

1. I \_\_\_\_\_ give permission for my child,  
\_\_\_\_\_ to be driven by  
\_\_\_\_\_ to the locations given above.
  
2. I \_\_\_\_\_ give permission for my child,  
\_\_\_\_\_ to be driven by a staff member of New Life  
Camp to the locations given above.
  
3. I \_\_\_\_\_ give permission for my student driver  
\_\_\_\_\_ to have the following passengers ride in  
his/her car:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Parent Signature: