



# CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

## Student Off-Campus Lunch Release of Liability Form 2026 - 2027

"I, (parent) \_\_\_\_\_, give (student) \_\_\_\_\_  
permission to go off campus for lunch for the current school year."

### Parent's Liability Agreement for Off-Campus Lunch

Parents: in completing the following statements, please circle the appropriate YES or NO:

YES or NO	<i>"I release Crossroads Christian School of all liability from the time my student leaves campus for lunch until my student returns from off-campus lunch."</i>
YES or NO	<i>"I give permission and accept liability for my student to ride with another student driver off campus for lunch."</i>
YES or NO	<i>"I give permission and accept the liability for my student to drive off campus for lunch."</i>
YES or NO	<i>"I give permission and accept the liability for my student to transport other students off campus in my student's car for lunch, AND accept the liability for those students being transported."</i>

In completing the Parent's Liability Agreement for Off-Campus Lunch, I will assume the responsibility of making my wishes known to my student AND accept the liability if my student does not abide by my wishes in the above statements.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student's Agreement for Off-Campus Lunch

In signing this agreement, I agree to display my school-parking permit at all time. I acknowledge my parent's wishes and agree to abide by the above statements. I accept full responsibility as to the consequences at Crossroads Christian School, if I do not abide by their wishes. I also understand that my parents assume the liability for myself and any other student that I transport when I do not abide by the above statements.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_