

Walking/Golf Path Registration
And Liability Waiver Form
School Year 2016-2017

Name: _____

Student(s) Name and Teacher: _____

Address: _____

Phone Number: _____

Name of Insurance Company: _____

Policy Number: _____
(copy of policy to be provided)

Golf Cart Registration # (if applicable): _____

I hereby release Anderson Creek Academy Charter School and the Property Owner's Association (POA) from any and all liabilities that may result from use of the walking/golf path.

Signature

Date