



ATLANTIC CITY INTERNATIONAL AIRPORT Waiver Release Form

In consideration of SJTA's permission to visit their facility at the Atlantic City International Airport, I hereby waive all claims by myself, my heirs, and assigners against AFCO/Avports and SJTA and their employees, for any bodily injury or illness which may result from my daughter(s)/son(s)' or any groups' participation in this visitation and/or event.

I certify that my daughter(s)/son(s)/group will be chaperoned by:

I further certify that my permission is granted for my daughter(s)' son(s)' or any group to participate in this visitation.

Signature: _____
Parent/Guardian

Date _____

Participant's name _____

Address _____

Parent/Guardian Phone # _____

Owner: South Jersey Transportation Authority

Operating Agent: AFCO/Avports

Suite 106, Egg Harbor Township, N.J. 08234

Phone (609) 646-6624, Fax (609) 645-2890