



# 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 TBI Airport Management, Inc. and SJTA and their employees, for any bodily injury or illness which may result from my groups' participation in this visitation and/or event.

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

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

Participant's Name: \_\_\_\_\_

Address \_\_\_\_\_

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

**If permission is being granted for a minor child please complete the following:**

I certify that my child's group will be chaperoned by:

\_\_\_\_\_

I further certify that my permission is granted for my child to participate in this visitation:

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

Parent/Guardian

Parent/Guardian Phone #: \_\_\_\_\_

Owner: South Jersey Transportation Authority

Operating Agent: TBI Airport Management, Inc.  
Suite 106, Egg Harbor Township, N.J. 08234  
Phone (609) 646-6624, Fax (609) 645-2890