Waiver and Permission to Transport Child

Event:	Date:
Child's Name:	
Location:	
Driver:	
I give permission for my child(ren) to be transported identified to an event at the specified location on the expected to follow the directions provided by the dri	date indicated. I understand that my child is
I have read, understand and discussed with my child	d that:
(1) They will be traveling in a motor vehicle of safety-belt while traveling;	
(2) They are expected to respect each other they are traveling with during the trip;	, the vehicles they ride in, and the people
(3) Riding in a motor vehicle may result in pe collisions or acts by riders, other drivers	
(4) They are to remain in their seats and not	
I understand that my child is not required to participal him/her to do so, despite the possible risks. I recogn with any activity involving motor vehicle transportation permanent loss. I hereby attest and verify that I have may be incurred in the event of an accident, illness thave authorized such expenses.	nize that by participating in this activity, as on, my child may risk personal injury or e been advised of the potential risks, that I
Parent/Guardian Name (print):Parent/Guardian Signature:	
Provider Name (print):	
Provider Signature:	Date: