



Letter of Transport

Child/Charge: _____ **Date:** _____

Driver: _____

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.
- (5) If walking instead of traveling in a motor vehicle follow pedestrian safety principles: look left, right and left again before crossing the street. Put phones, headphones, and devices down when crossing the street. It is particularly important to reinforce this message with teenagers. Walk on sidewalks or paths and cross at street corners, using traffic signals and crosswalks. Children under 10 need to wait and cross the street with an adult.
- (6) If while in the care of a therapist or behavior assistant the child elopes, the person in charge will inform the police and the guardian. The guardian will then be responsible to follow up on the whereabouts of the child.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Allies In Caring, and its agents, subcontractors, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Client Name: _____ Client Sign: _____

Parent/Guardian Name: _____ Parent/Guardian Sign: _____

Witness Name: _____ Witness Sign: _____

NAME: _____ DOB: _____