

AUTHORIZATION AND WAIVER TO TRANSPORT CHILD

Authorization is Valid: August 7, 2017- May 25, 2018

Child's First Name: _____ **Child's Last Name:** _____

Child's Date of Birth: _____

Mother's Name: _____ **Mother's Phone Number:** _____

Father's Name: _____ **Father's Phone Number:** _____

My child requires a booster seat: Yes ___ No___ (All children under 8 years of age are required to be in a booster seat)

I authorize The Son's Children Child Care, to transport my minor child in a company van, driven by an individual authorized by The Son's Children Child Care and Preschool. I understand 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 staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

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

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
2. My child is expected to listen to supervising staff/driver, respect staff and other children, 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. My child is to remain in their seat and not be disruptive to the driver of the vehicle.
- 5. I understand that I must provide at least 2 hour notice if there is any deviations in my child's daily transportation failure to do so will result in a \$15.00 charge the first time any time after may result in not being able to ride the van.**

(Initial Each Statement)

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

___ As a condition for the transportations received, I, for my self, my child, my executors and assign, further agree to release and forever discharge Children's Academy Child Care and Preschool, and their agents, officers, 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 also agree to pay a \$15.00 fee for deviations not reported to the childcare facility at least 2 hours prior to the scheduled pick up time. More then one occurrences can and will result in suspension from transportation.**

___ I have read this entire waver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____