



Authorization and Waiver to Transport Child

Authorization is Valid on Dates of : _____

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

Child's Date of Birth: _____

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 **HUG DON'T SHOOT ORG.** to transport my minor child in a Personal Car, Company Bus or Van, Driven by an individual authorized by HUG DON'T SHOOT, Org. 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/driven, respect staff and other children, the vehicle 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.

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 hereby attest and verify I have been advised of the Potential risk, 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 transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge HUG DON'T SHOOT Org., 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 damage, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

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

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____

Phone Number: _____