



## CONSENT AND WAIVER TO TRANSPORT CHILD/CHARGE

I/We authorize Kentucky HOSA-Future Health Professionals to transport my child/charge,

\_\_\_\_\_, driven by an individual authorized by KY HOSA.

I/We understand my child/charge is expected to follow the directions provided by the driver and/or staff or volunteer.

I/We have read, understand and discussed with my child/charge:

1. My child/charge will travel in a motor vehicle driven by an adult and my child/charge is to wear their safety belt during travel;
2. My child/charge is expected to listen to supervising staff/driver, respect staff and other children, in 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 accidents, collisions or acts by the riders, other drivers, or objects; and,
4. My child/charge is to remain in their seat and not be disruptive to the driver of the vehicle.

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

I/We release any claim on KY HOSA and their agents, officers, employees and volunteers from any claim that I could bring on my child/charge's behalf with regard to any damages, demands or actions whatsoever, in any manner arising out of this transportation. I/We have read this entire waiver and authorization form, I/We fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_