Authorization and Waiver to Transport Child

Authorization Is Valid:	Child's Date of Birth:
Child's First Name:	Child's Last Name:
authorized by On Solid Grounds , Inc. I understand riding in a motor vehicle and is expected to follow the	minor child in a company Bus or Van, driven by an individual my child is expected to follow all applicable laws regarding ne directions provided by the driver and/or staff or volunteer. I ands,inc. is not a requirement for participation in the program.
I have read, understand, and discussed with my child	1:
during travel; (2) My child is expected to listen to supervising	en by an adult and my child is to wear their safety belt g staff/driver, respect staff and other children, the vehicles
they ride in, and the people they travel with (3) Riding in a motor vehicle may result in pers riders, other drivers, or objects; and, (4) My child is to remain in their seat and not b	sonal injuries or death from wrecks, collisions or acts by
Initial Each Statement	
my child may risk personal injury or permanent loss potential risks, and I have full knowledge of the risks	with any activity involving motor vehicle transportation, . I hereby attest and verify that I have been advised of the s involved in this activity, and I assume any expenses incapacity, regardless of whether I have authorized such
agree to release and forever discharge Footsteps Chi volunteers from any claim that I might have myself of	ed, I, for myself, my child, my executors and assigns, further ld Care, Inc., and their agents, officers, employees and or that I could bring on my child's behalf with regard to any those based on negligence, in any manner arising out of this
I have read this entire waiver and authoriza agree to be legally bound by its terms.	ation form, I fully understand its terms and conditions, and I
Parent/Guardian Name:	
Parent/Guardian Signature	Date