



## Friends of Rogers Environmental Education Center

### Waiver and Permission for Child to be Transported

Name of Child: \_\_\_\_\_

Program: Rogers Summer Adventure Camp      Dates attending camp: \_\_\_\_\_

**Morning Pickup:** To Rogers Environmental Education Center from

At Flag pole at Norwich High School or behind Howard Johnson in Norwich between 8:30 am and 8:35 am.

Post Office in North Norwich between 8:40 am and 8:50 am.

(please circle one)

**Afternoon Drop off:** From Rogers Environmental Education Center to

At Flag pole at Norwich High School or behind Howard Johnson in Norwich between 4:15 pm and 4:20 pm.

Post Office in North Norwich between 4:05 pm and 4:10 pm.

(please circle one)

I give permission for my child, dependent, and/or other minor (hereinafter referred to as "child") to be transported in a Sherburne-Earlville school bus by a licensed Sherburne-Earlville school bus operator to Rogers Summer Adventure Camp at the specified location on the dates indicated. 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.

I have read, understood, 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 belts 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 maintain in their seats and not be disruptive to the driver of their vehicle.

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 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.

In the event I cannot be reached during an emergency, I hereby give permission to the adult leader in charge to contact 911 and secure emergency transportation (i.e. ambulance, Care Flight) for my child. The cost of this emergency transportation will be billed directly to me by the responding department. In a life threatening emergency I also authorize the physician in charge to hospitalize, secure proper anesthesia, or to order injections or surgery for my child.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Friends of Rogers Environmental Education Center and Sherburne-Earlville School District and their agents, directors, officers, employees, volunteers from any claim that I might have myself or that I could bring on my child's behalf with regards to damages, demands or actions whatsoever, including those based on negligence, in any manor 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.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_