

# A summer CAMP on WHEELS

## Authorization and Waiver to Transport Child

**Authorization is Valid: July 16 thru July 27, 2018**

**Child's 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). Parents must provide operational booster seats.

I authorize A summer CAMP on WHEELS, LLC to transport my minor child, in a motor vehicle, driven by an individual authorized by A summer CAMP on WHEELS. I understand my child is expected to follow applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff (includes volunteers). **Dates and activities are subject to change.**

Please check all field trips you are authorizing your child/children to participate in with A summer CAMP on WHEELS, LLC.

- \_\_\_\_\_ Water Park (TBA)
- \_\_\_\_\_ Six Flags
- \_\_\_\_\_ A Mentor Project (TBA)
- \_\_\_\_\_ Visit to Edgewater Smithsonian
- \_\_\_\_\_ Towson University
- \_\_\_\_\_ Paint Party
- \_\_\_\_\_ Library Project
- \_\_\_\_\_ Etiquette Class-Crystal Bailey's [washingtontiquette.com](http://washingtontiquette.com)

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.

### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give my permission for agents of this organization to seek and secure any need for medical attention or treatment for the child named above

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including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs from this action to obtain medical treatment.

I give my permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for medical treatment.

I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

I further agree to indemnify and hold harmless, A summer CAMP on WHEELS and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

### **Initial Each Statement**

\_\_\_\_\_ I recognize participation in this activity, as with my activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised on 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.

### **Release of Liability**

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge A summer CAMP on WHEELS, LLC, 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 regards to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

By signing this Permission/Waiver Form, I expressly warrant the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time.

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

**Parent/Guardian Name:**

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**Parent/Guardian Signature and Date**