Hope for New Haven

Transportation Authorization and Waiver Agreement

I, _____, give permission to Hope for New Haven, or any approved
(Name of parent)

employee of the Organization, to transport my child(ren) _____
(Name(s) of child(ren))

for the following reasons (initial all that apply):

_____ School bus (missed/never showed)

_____ Emergency purposes

_____ Any reason deemed necessary by the Program

It is agreed that:

1. Hope will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. Hope will notify me in advance of any instance where my child(ren) will be transported while in care.

_____ _____
(Parent or Guardian) (Date)

_____ _____
(Director) (Date)

Authorization Is Valid: _____

Child(ren) First Name: _____Child(ren) Last Name: _____

Child(ren) Date of Birth: _____

My child requires a booster seat: **Yes or No** (All children under 8 years of age are required to be in a booster seat.)

I authorize Hope for New Haven to transport my minor child in a motor vehicle, driven by an individual authorized by Hope for New Haven. 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(ren):

(1) My child(ren) will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
(2) My child(ren) is expected to listen to supervising staff/drivers, 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(ren) 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 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.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Hope for New Haven, their employees, and agents from any claim that I might have myself or that I could bring on my child's behalf arising out of this transportation.

_____Authorization to treat minor: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by Hope for New Haven staff or agents to secure proper treatment for my child(ren) and that I will be responsible for said expense.

_____ 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: _____

Parent/Guardian Signature: _____ Date: _____

Hope for New Haven

Declination of Transportation

I, _____, am the parent/guardian of:
(Name)

_____ Name of child

_____ Name of child

_____ Name of child

_____ Name of child

_____ Name of child

_____ Name of child

I have read and understand Hope for New Haven's Transportation Authorization and Waiver Agreement. I do not consent to having the Organization or its employees transport the above-named child(ren) and affirm that I am duly authorized and competent to make this declination on the child(ren)'s behalf. If transportation is needed for the child(ren), I will make the appropriate arrangements for them. I acknowledge that Hope for New Haven and its employees are not liable for any expenses related to alternative arrangements for transportation and that any unanticipated expenses incurred by the Organization and/or its employees shall be reimbursed by me. I agree that alternative arrangements for transportation shall conform to the Organization's policies, procedures, and/or any request made by the Organization in its sole discretion based upon the circumstances. Likewise, I agree that Hope for New Haven or its employees may refuse to accommodate any transportation arrangement made by me that, in their sole discretion, may interrupt or interfere with their services, obligations and/or legal duties. By making this declination, I am concurrently assuming the duty for the child(ren)'s transportation and all obligations arising out of this duty. Furthermore, I agree to indemnify, defend, release, hold harmless, and/or discharge Hope for New Haven, its employees, agents, successors and/or assignees from any and all liability, claims, demands, actions, causes of actions, damages (consequential or otherwise), costs, and expenses whatsoever related to any loss, damage, or injury including death arising out of this declination and/or the concurrent duty to transport the child(ren).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____