



Waiver and Permission to Transport Child/Charge Boys & Girls Club of Merced County

Child/Member: _____

Event: _____ **Date:** _____

School: _____ **School Year** _____

Agency: _____

I give permission for my Child/Member (“child”) to be transported in a motor vehicle driven by the Boys & Girls Club of Merced employees identified to an event/school 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/staff and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by BGC Merced staff and they are to wear their safety-belt 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 remain in their seats and not be disruptive to the driver of the vehicle.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. 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 hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that 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.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Child/Charge Signature: _____ Date: _____



Name of Activity/School:

Address: _____ Date: _____

Phone Number: _____

.....

Site Name: _____

Name of Club Leader: _____

Club Leader Phone #(s) for emergency contact purposes: _____

.....

Name of Child/Member:

Parent/Guardian Name: _____

Parent/Guardian Phone #(s) for emergency contact purposes: _____

.....

.....

I give my child/member permission to participate in the club activity as outlined above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Programs and activities offered by the Boys & Girls Club of Merced and Extension Services are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, sexual orientation, or national origin.