

*(Please print)*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Please note the following details regarding transportation to and from:

- Parents/guardians are liable for their minor driver(s).
- Whenever you or your child drives, your insurance coverage will provide primary coverage.
- This waiver must be signed for each volunteer. If the volunteer is under the age of 18, a parent or legal guardian must sign the release. Individuals who refuse to sign a waiver will not be allowed to participate.

This document is a release of liability. I, on behalf of myself, my child, and our respective representatives and heirs, do hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify EDGE OUTREACH, it's employees and/or officers, staff, volunteers, associated congregation(s), and agents from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of providing transportation services to my child.

By signing this Transportation Waiver, I specifically understand that I am releasing, discharging and waiving any claim or actions that I may have presently or which may arise in the future for the acts and conduct of the employees, officers, staff, volunteers, associated congregation(s), and agents of EDGE OUTREACH arising during the transporting of my child. In addition, I understand I may be held responsible to pay for damages or other costs should my child, others, or I be injured or if there is damage to property.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_