Waiver and Permission to Transport Child/Charge

Child/Charge: ____________________________________________________________

Event: _______________________________________________________________ Dates: ______________________________________

Destination: __________________________________________________________________________________________

Emergency Contact: ___________________________________________ Number: __________________________

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Trip Itinerary</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>A. Departure Time/Place:</td>
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<td>B.</td>
<td>B.</td>
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<tr>
<td>C.</td>
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<td>D.</td>
<td>D.</td>
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<td>E.</td>
<td>E.</td>
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<tr>
<td>F.</td>
<td>F. Return Time/Place:</td>
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</tbody>
</table>

My child has permission to ride in the vehicle being used to transport the youth to this activity. (This could be private vehicles, rental vans or school bus.) My child may travel from the county to the activity and make incidental stops along the way, as the youth advisors may deem necessary.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I release West Virginia University Extension Service and their affiliates from liability for injury or damages which may result from my child's participation in this field trip.

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

1. He/she will be traveling in a motor vehicle driven by an adult and that he/she must wear a seat belt at all times.
2. He/she is to respect peers and adults, the driver and vehicle at all times and is to refrain from any activity that would be categorized as disrespectful or distracting. All trash must be bagged and removed by the youth prior to leaving the vehicle. Loud music will not be allowed.
3. He/she will be expected to remain in the seat at all times and to follow the instructions provided by the driver and staff.
4. Please review with your child that riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers or objects. His/her personal behavior can often increase or decrease the likelihood of these occurrences.

-- continued --
Parent/Guardian Authorization

I understand that my child is not required to participate in this activity, but I 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 Printed Name: ____________________________________________________________

Parent/Guardian Signature: ______________________________________________________________________________________________________

Date: ______________________________________________________________________________________

Child/Charge Signature: ______________________________________________________________________________________________________

Date: ______________________________________________________________________________________

This completed, signed form must be returned at registration to be received no later than ____________________________.

WVU is an EEO/Affirmative Action Employer. Underrepresented class members are encouraged to apply. This includes: minorities, females, individuals with disabilities and veterans.

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