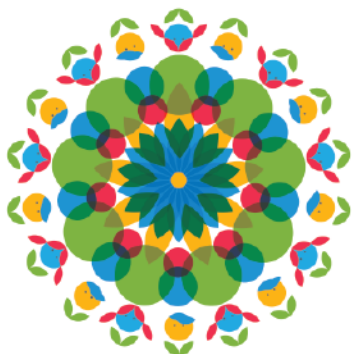




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**SAFE KIDS SERVE CHEROKEE COUNTY
VOLUNTEER TRANSPORT FORM**

1130 BLUFFS PKWY CANTON, GA 30114

TRANSPORTATION INFORMATION:

Please provide information about how you will be traveling to the event locations.

(check all that apply)

I am able to drive myself.

I will be dropped off by parents or guardians.

I will, most likely, be car-pooling with someone else.

Some of our events will require travel between locations during the day. Safe Kids Cherokee will provide a drop off location and transport between locations then return student to original location at the end of the shift for pick up or to retrieve vehicle.

(Parent or Guardian) I will allow my teen to be transported by Safe Kids Cherokee County staff when necessary. (for questions call 678-493-4343; ask for Kaleigh Liscio)

RELEASE OF LIABILITY/INDEMNITY *MODIFIED RELEASES WILL NOT BE ACCEPTED*

I RELEASE AND WAIVE AND FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS SAFE KIDS CHEROKEE COUNTY, ITS MEMBERS, AGENTS, AND REPRESENTATIVES THEREOF, FROM ANY CLAIM FOR INJURIES, DAMAGES, OR LOSSES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE ABOVE NAMED STUDENT’S PARTICIPATION IN THIS ACTIVITY, OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT IF ANY. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE ANY MEDICAL TREATMENT THAT MAY BE NEEDED. I UNDERSTAND THAT IN THE EVENT OF AN INJURY, I WILL BE CONTACTED FIRST AND THIS WAIVER WILL ONLY BE NECESSARY IF MY EMERGENCY PERSON CAN NOT BE REACHED. I ALSO UNDERSTAND THAT MY CHILD MAY BE PHOTOGRAPHED/VIDEOTAPED DURING SAFE KIDS SERVE FOR USE IN THE PROMOTION OF THIS PROGRAM. I UNDERSTAND THAT ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL REMAIN CONFIDENTIAL. I HAVE READ AND FULLY UNDERSTAND THIS SERVES AS A RELEASE OF LIABILITY TO SAFE KIDS SERVE.

STUDENT SIGNATURE _____

GUARDIAN SIGNATURE _____

DATE _____