



Youth Volunteer Transportation Waiver

Youth Volunteer Name: _____

Parent Phone Number: _____

Authorized Driver(s): Paula Dover

Lori Bishop

YVC Team Leader

All drivers have successfully passed a criminal history check and current DL on file

As the parent/legal guardian of the Youth Volunteer named above, I hereby grant permission for my child to be transported via private vehicle by the Authorized Driver(s) named above to and/or from the YVC Project/Event named above. I understand that by participating in this project/event, as with any activity involving motor vehicle transportation, there are risks involved. I hereby verify that I have full knowledge of the risks involved in this activity and that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child and agree to indemnify the YVC program, its host and partner agency(s) and all employees, volunteers and other representatives of those organizations, from any such claims. I further verify that I will assume any expenses that may be incurred in the event of an accident, illness, or other incapacity to my child, regardless of whether I have authorized such expenses.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

Please return completed forms to:

Paula Dover, YVC Program Coordinator

yvcmhk@gmail.com