



Bus/Transportation Permission /Waiver Form

I, _____ am the parent or legal guardian of _____ (the "minor"), who desires to participate in the Sober Grad activities to be held at the McDermont Field House in Lindsay, CA. I give permission for my child to be transported by Bus to and from the Sober Grad event.

I understand and acknowledge that CVC will not allow the minor to participate in the Activity without releasing and holding CVC harmless from any liability arising out of the minor's participation in the Activity. I have investigated the risks involved in the minor's participation in the Activity and fully understand and assume such risks on his or her behalf. Specifically, I understand and acknowledge that the minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, and even death.

I request that CVC allow the minor to participate in the Activity, and in consideration thereof agree hereby to release and forever discharge CVC, its officers, and directors, and its employees, agents, and any parties volunteering on behalf of CVC, from all actions, causes of action, injuries, claims damages, costs or expenses of any kind growing out of or related to the Activity. I understand that this is a full and complete release of all injuries and damages which the minor may sustain as a result of his or her participation in the Activity, regardless of the specific cause thereof.

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again I agree to pay for the medical treatment.

Emergency Contacts: Name of persons and telephone numbers to call in case of emergency:

Parent/Gaurdian _____ Phone Number _____

Parent/Gaurdian _____ Phone Number _____

Medical Doctor _____ Phone Number _____

By signing this agreement, I agree to the above information and realize that this agreement is binding.

Parent or Guardian Signature _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name: _____