Waiver and Permission to Transport Child/Charge Ohio State University Extension

Child/Charge:	
Event:	Date:
Location:	
Driver:	
individual identified to an event at my child is expected to follow all expected to follow the directions p	arge ("child") to be transported in a motor vehicle driven by the the specified location on the date indicated. I understand that applicable laws regarding riding in a motor vehicle and is provided by the driver and/or other adult volunteers. I be identified event is not a requirement for participation in the as.
safety-belt while trave. (2) They are expected to retravel with during the taxon (3) Riding in a motor vehical collisions or acts by rid	in a motor vehicle driven by an adult and they are to wear their ling; espect each other, the vehicles they ride in, and the people they
transportation, my child may risk that I have been advised of the pot this activity, and that I assume any	n this activity, as with any activity involving motor vehicle personal injury or permanent loss. I hereby attest and verify tential risks, that I have full knowledge of the risks involved in y expenses that may be incurred in the event of an accident, less of whether I have authorized such expenses.
further agree to release and foreve The Ohio State University Extensi any claim that I might have mysel damages, demands or actions wha	on received, I, for myself, my child, my executors and assigns, or discharge The Ohio State University, its Board of Trustees, ion and their agents, officers, employees and volunteers from f or that I could bring on my child's behalf with regard to any tsoever, including those based on negligence, in any manner I have read this entire waiver and permission form, fully ally bound by its terms.
Parent/Guardian Name (please pri	nt):
Parent/Guardian Signature:	Date: