OHIO STATE UNIVERSITY EXTENSION

Waiver and Permission to Transport Child/Charge

Child/Charge	
Event	
Location	Date
Driver	
identified to an event at the specified location follow all applicable laws regarding riding in a	
(1) They will be traveling in a motor vehi traveling;	cle driven by an adult and they are to wear their safety-belt while
_	ther, vehicles that they ride in, and people that they travel with
(3) Riding in a motor vehicle may result riders, other drivers, or objects; and	in personal injuries or death from wrecks, collisions or acts by
(4) They are to remain in their seats and	not be disruptive to the driver of the vehicle.
may risk personal injury or permanent loss. I risks, that I have full knowledge of the risks in	y, as with any activity involving motor vehicle transportation, my child I hereby attest and verify that I have been advised of the potential involved in this activity, and that I assume any expenses that may be or other incapacity, regardless of whether I have authorized such
release and forever discharge The Ohio State and their agents, officers, employees and vol	I, I, for myself, my child, my executors and assigns, further agree to e University, its Board of Trustees, The Ohio State University Extension unteers from any claim that I might have myself or that I could bring on s, demands or actions whatsoever, including those based on negligence, on.
I have read this entire waiver and permission	form, fully understand it, and agree to be legally bound by its terms.
Parent/Guardian Name (Please print)	
Parent/Guardian Signature	Date



