

## Transportation Needs & Permission Slip

Will your child need transportation on Wednesdays for JAM?

YES

NO

(circle one)

Child's Name: \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Hybrid Days

A

B

During the hybrid or distance model, will they need to be picked up from home?

If yes, home address: \_\_\_\_\_

(We can only offer transportation to those living within city limits.)

### Release, Waiver of Liability and Assumption of Risk:

My child has permission to be picked up at school or at our home for Wednesday after-school activities. I give my permission for them to be transported to Bethlehem UMC from home/school.

I understand that participating in programs, recreation, and other activities of Bethlehem United Methodist Church (UMC) is a privilege. Prior to my own/child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I expressly warrant that the child named is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child when participating in the activities, whether such risks are known or unknown to me at this time. I further release Bethlehem UMC and its staff, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Bethlehem UMC or its staff, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Bethlehem UMC and its staff, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Child's Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_