

IN NEBRASKA Authorization and Waiver to Transport Child

Youth's Name:	
Youth's Date of Birth:	
I authorize Voices for Children to transport my minor chivehicle driven by an individual authorized by Voices for Children follow all applicable laws regarding riding in a motor vehicle and provided by the driver and/or staff or volunteer. I understand participation in any program of Voices for Chi	 I understand my child is expected to I is expected to follow the directions articipation in the identified event is not
I have read, understand, and discussed with my child:	
(1) My child will travel in a motor vehicle driven by an a belt during travel;	dult and my child is to wear their safety
(2) My child is expected to listen to supervising staff/drivehicles they ride in, and the people they travel with during the	•
(3) Riding in a motor vehicle may result in personal injuracts by riders, other drivers, or objects; and,	ries or death from wrecks, collisions or
(4) My child is to remain in their seat and not be disrupt	ive to the driver of the vehicle.
Please Initial Each Statement	
I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.	
As a condition for the transportation received, I, for my further agree to release and forever discharge Voices for Childre and volunteers from any claim that I might have myself or that I regard to any damages, demands or actions whatsoever, includi manner arising out of this transportation.	en and their agents, officers, employees could bring on my child's behalf with
I have read this entire waiver and authorization form, I conditions, and I agree to be legally bound by its terms.	fully understand its terms and
Parent/Guardian Name	Date Date
Parent/Guardian signature	 Date