

FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH ("FCDPH")
***TRANSPORTATION CONSENT AND LIABILITY WAIVER**

Participant's Name: _____ Date of Birth _____

Effective: Date of Signature below for one year up to and including ending date _____, 20_____

Address _____

Consent: As Parent/Guardian or Participant, I grant consent to FCDPH for transport of the above-named Participant in a County motor vehicle driven, by a licensed County employee, to and from Participant's home in order to attend FCDPH on-site or off-site activities.

Liability Waiver: I acknowledge and assume the risk of accident, injury, or occurrence arising out of, or in connection with, Participant's involvement with the Program and transportation. I agree as Parent/Guardian or Participant, on behalf of myself and my above-named Participant under eighteen (18) years old, heirs, successors, and assigns; to waive any claims against, release, hold harmless and indemnify; County officers, employees, agents, chaperones, or representatives associated with the Program; from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury; sustained in connection with the Program; or attendance at any event, or any illness or cost of medical treatment in connection with participation; and to compensate the County for reasonable attorney's fees and expenses arising in connection with the Program.

Before I voluntarily signed this Consent and Waiver document, FCDPH staff provided me an opportunity to read carefully and to ask any questions about its meaning, the reasons my signature is requested, and the consequences of my signature. Further, Parent/Guardian/Participant understands and agrees that:

- Participant shall follow FCDPH employee instructions or FCDPH may exercise its option to terminate Participant opportunity to enjoy the Program benefits.
- Participant shall follow applicable passenger rules and procedures such as wearing a safety seat belt while the auto is in motion, remain seated after arrival until instructed to depart the vehicle, refrain from any disruptive conduct, and refrain from causing driver distraction.
- I warrant, to the best of my knowledge, that Participant is in good health, and I assume all responsibility for the health of Participant.
- In case of a need for medical treatment, every effort will be made to contact me (or the person named in this document as an emergency contact). If I can not be reached, I grant permission to the medical provider selected by FCDPH to secure treatment. In case of emergency, I grant permission for Participant to be taken immediately to a physician or hospital by FCDPH.

_____ (Initial) I expressly grant FCDPH the right, privilege and license to use the picture or likeness of Participant in any form of media publication and to use verbal or written statements or declarations of Participant for any purpose in furtherance of the FCDPH mission. On occasion, (a) FCDPH may take photos or make an audio or video recording of Participants involved in activities; (b) may use them to remember the activities or Participants, (c) may use them as advertising materials to let others know about FCDPH activities, or (d) local news organizations may learn about such activities or events and FCDPH may at its discretion allow recordings of such events to be used, distributed, or displayed.

_____ (Initial) I take responsibility to update the FCDPH if there are consent, waiver, or contact info changes.

Parent/Guardian/Participant Name (Print): _____ Date _____, 20_____

Parent/Guardian/Participant (Signature): _____

Phone/Home: _____ Phone/Cell _____ Phone/Work _____

Emergency Contact, Name -- Secondary, or if different from above (Print): _____

Phone/Home: _____ Phone/Cell _____ Phone/Work _____

***Participants' parent/guardian under eighteen (18) years old [or by participants eighteen (18) years or older]**