



Authorization and Waiver to Transport Child Authorization Is Valid: August 1, 2018-July 31, 2019

Child's Name: _____ Child's Date of Birth: _____

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My child(ren) requires a booster seat: Yes No

School Child Attends: _____ (Please notify School)

School Drop off Time: _____ School Pick Up Time: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

I authorize Kids of Valor Academy. to transport my minor child in a company Car or Van, driven by an individual authorized by Kids of Valor Academy. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program. I have read, understand, and discussed with my child:

(1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.

(2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.

(3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or object: and I will not hold Kids of Valor Academy or its staff legally responsible in the event of an accident during transportation.

(4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

(5) My child will arrive 15 minutes for departure, and call if you will be absent 832-406-7477.

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 myself, my child, my executors and assigns, further agree to release and forever discharge Kids of Valor Academy LLC., and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

_____ I agree to contact Kids of Valor Academy if my child will not need to be picked up from school no later than 12:30 pm of the day.

Parent/Guardian Name:

Date: _____