

Central Baptist Church Ministry Transportation Form

ASSUMPTION OF RISK, RELEASE OF LIABILITY and WAIVER OF CLAIMS INDEMNITY
AGREEMENT and PARENTAL CONSENT

****PLEASE READ CAREFULLY****
BY SIGNING THIS FORM YOU MAY GIVE UP CERTAIN LEGAL RIGHTS
CONSENT OF PARENT / GUARDIAN IS REQUIRED

Driver's name (as shown on license): _____ Date of birth: _____

Driver's address: _____

Driver's license state and number: _____

Insurance Company: _____

Policy #: _____ Telephone: _____

Which vehicle(s) will you be driving?

Make: _____ Model: _____ Year: _____

Is driver allowed to transport other teens in the same vehicle? Yes No

In the past three years:

1. Have you been at fault for any accidents? Yes No
2. Have you had any moving traffic violations? Yes No
3. Have you had any insurance company cancel or refuse to provide you with auto insurance? Yes No
4. Have you had your driver's license revoked, suspended, or restricted? Yes No
5. Have you had any physical impairment other than corrective glasses? Yes No
6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? Yes No

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation).

Driver's Signature _____ Date _____

DISCLAIMER

Central Baptist Church and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "the *CHURCH*"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with the *CHURCH* and all related activities associated with the *CHURCH*, including injury, loss or damage.

Student's name: _____

ASSUMPTION OF RISKS

IN CONSIDERATION OF the *CHURCH* allowing me or my child to participate in events, activities, or travel with the *CHURCH* and all related activities associated with the *CHURCH*, including participation in the Youth Group from September 1, 2006 through August 31, 2007 inclusive, and all activities related to the Youth Group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with participation in the Activities including the possible **risk of severe or fatal injury** to myself or others.

These risks include but are not limited to the following:

- The risks associated with traveling to and from the Activities by means of private or public transportation, which may include but are not limited to the indiscriminate behavior of teenage drivers whether verbal or sexual, or a motor vehicle accident resulting in physical injuries or death
- The possibility of personal injury incurred while using private or public transportation for travel to and from the Activities, including being knocked down or being involved in a physical confrontation whether caused by myself or someone else.

YOUTH PARTICPATION CONSENT

Acknowledgment of Participant: I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth Group activities.

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth Group, including any use of private or public transportation deemed necessary by the persons in charge of the Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I or my child may have.

This Consent, Authorization and Acknowledgment shall be effective from and including September 1, 2006 to and including August 31, 2007.

Signature of Student _____ Date _____

Signature of Parent or Guardian _____ Date _____
(if Participant is under 18 years of age)

Office Use Only:

Additional Comments: _____

Signature of Youth Pastor _____ Date _____