



**TRANSPORTATION WAIVER
For Children**

TRANSPORTATION WAIVER FOR CHILDREN I, Parent/Legal Guardian of (child's name insert below) hereby grant permission to the State University of New York at Fredonia (hereinafter the "University") and its agents or employees to provide transportation for the below named child. I authorize Covered Persons for the (enter name of program/camp/clinic/event) to transport my child to and from the airport and/or to and from additional off-site locations, when needed, to ensure my child has access to all activities associated with (enter name of program/camp/clinic/event).

I understand that with vehicle transportation comes inherent risk including, but not limited to, traffic stops, traffic delays, and vehicle accidents. I will not hold the University responsible should there be a traffic stop, traffic delay, or vehicle accident, whether or not the University or its agents or employees are at fault.

Child's Name (PLEASE PRINT)

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

Program/Camp/Clinic/Event
