



General Transportation Release Form

Stephenson Hall, Second Floor
CPO 2170, Berea, KY 40404
895.985.3804
www.berea.edu/celts

Participant's Name: _____

Program(s) Participating in: _____

I request the Berea College Center for Excellence in Learning through Service (CELTS) Program to allow my child _____ to be transported to and from Berea College. My child will be transported in Berea College vehicles by a Berea College student or full-time staff solely for the purpose of participating in CELTS programming. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

Liability Release and Waiver

As a condition of my child's participating in this program, I, the undersigned do hereby agree to the following:

I understand that my child's participation in this program is voluntary and that this program and related activities could expose my child to known, unknown or unanticipated risks of property damage, personal injury and even death. Acknowledging that such risks exist, I hereby release and discharge Berea College, its trustees, officers, agents, employees, and students (including but not limited to all CELTS staff) from any and all claims of liability for bodily/personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release Berea College, its trustees, officers, agents, employees, and students (including CELTS staff) for any negligence of the College, the program, or the trustees, officers, agents, employees, or students of Berea College relating to the program and any program activities.

Pick up and drop off locations

Please note that any changes to the locations below need to be shared in writing by a parent or guardian with advanced notice.

Location and address where my child may be picked up:

Location and address where my child may be dropped off:

Special instructions for picking up or taking home my child: (Please include alternate locations and addresses, if relevant.)

Booster seats:

- My child does **NOT** need a booster seat
- My child **DOES** need a booster seat (if child is not yet 8 years old and is not yet 57 inches tall) and:
 - I will provide one for future transportation needs, acknowledging Berea students will install to the best of their abilities.
 - I will provide transportation in the future.
 - My child will not be able to participate in Berea Buddies.

I understand CELTS student staff will make every effort to provide transportation for programming. Additionally I understand that this transportation provided by Berea College students, may have to be limited based on program budget proximity to Berea's campus, or other factors.

Parent and/or Legal Guardian Signature

Date

Printed Name of Parent and/or Legal Guardian