

Soaring Skills LLC.
909 Williams St Viroqua, WI 54665

Soaring Skill LLC. Authorization and Waiver to Transport Child

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

I authorize Soaring Skills, LLC to transport my minor child in a personal vehicle, driven by an individual authorized by a Soaring Skills provider. 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 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, 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 objects; and,
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

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.

I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to its terms.

Signatures

Parent/Guardian/Legal Representative

Date

Provider

Date