



SOARING SKILLS LLC

Authorization and Waiver to Transport Child

919 Hoeschler Drive, Sparta, WI 54656 | 608-855-4004 | kmoran@soaringskills.com

CHILD INFORMATION

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S DATE OF BIRTH
--------------------	-------------------	-----------------------

AUTHORIZATION

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, and to 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 signature

Printed name

Date

Soaring Skills provider signature

Printed name

Date