

Transportation Consent & Liability Waiver

Please read carefully, complete, and sign. One form per child.

Child & Parent / Guardian Information

CHILD'S FULL NAME

DATE OF BIRTH

PARENT / GUARDIAN NAME

PHONE

HOME ADDRESS

CITY / ZIP

Consent to Transport

I give Excellence Learning Pod and its authorized staff permission to transport my child by personal vehicle or other approved means for the activities I initial or check below. I understand written notice will be provided at least 24 hours before scheduled field trips.

- To and from school
- Field trips and planned outings
- Occasional errands (store, bank, post office, etc.)
- Medical or emergency-related transport when a parent cannot be reached

OTHER ACTIVITIES (SPECIFY)

Safety Acknowledgment

I understand Excellence Learning Pod will use appropriate, properly installed child restraints (car seats, booster seats, or seat belts) as required by Washington State law, and that all drivers will hold a valid driver's license and maintain current auto insurance.

Release of Liability

In consideration of Excellence Learning Pod providing transportation for my child, I, the undersigned parent or legal guardian, agree to the following on behalf of myself, my child, and our heirs, successors, and assigns:

1. I RELEASE, WAIVE, AND HOLD HARMLESS Excellence Learning Pod, its owners, directors, employees, volunteers, and agents from any and all claims, demands, damages, costs, or liability for any injury, loss, or damage to

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my child arising out of or in connection with the transportation of my child, INCLUDING injury or loss resulting from an accident that occurs during transportation.

2. EXCEPTION — This release does NOT apply, and Excellence Learning Pod remains responsible, if an accident or injury occurs while the driver is operating the vehicle under the influence of alcohol or of any non-prescribed or illegal drugs. Nothing in this waiver releases the provider from liability for such conduct.

3. I understand this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

Acknowledgment & Signature

- I have read and understand this Transportation Consent & Liability Waiver and agree to its terms.
- I confirm the alcohol / non-prescribed-drug exception above has been explained to me.

PARENT / GUARDIAN SIGNATURE

DATE

SECOND PARENT / GUARDIAN (OPTIONAL) SIGNATURE

DATE