Georgia 4-H Transportation Form for DEPARTURES

For use on out-of-county activities and events when transportation is organized by County Extension Office, yet the 4-H’er is departing separate from county organized transportation.

4-H’er Name ___________________________________________ County _____________________________ Age ________

Activity/Event ___________________________________________ Date(s) of Act./Event ___________________ End Time _______AM/PM

PLEASE INITIAL BY THE APPROPRIATE SELECTION FOR TRANSPORTATION METHOD

_____ DRIVING SELF: I give permission for my child to drive him/herself. By my initials I certify that my child has a valid driver’s license and auto liability insurance.

_____ DRIVING SELF & OTHERS: I give permission for my child to drive him/herself and the following 4-H’ers, and permission has been obtained from their parents/guardians: __________________________________________________________ ____________________________ By my initials I certify that my child has a valid driver’s license and auto liability insurance.

_____ RIDING WITH ANOTHER 4-H’ER/ADULT (INCLUDING PARENT/GUARDIAN): I give permission for my child to ride with the following 4-H’er/adult ___________________________, who will be driving from the above 4-H function. I understand the route and stops they will be making. If applicable, I understand the following people will also be in the automobile with my child and the driver: ___________________________ ___________________________ ___________________________

Photo ID may be required. Person transporting 4-H’er upon departure: ___________________________

Phone #: ___________________________ Relationship (Ex: parent, fellow 4-H’, chaperoning adult, etc.): ___________________________

Make/Model of Car: ___________________________ Color of Car: ___________________________ License plate (if available): ___________________________

_____ ALTERNATE TRANSPORTATION SUCH AS RIDESHARE/PUBLIC TRANSPORTATION: I have arranged for my child to be transported by alternative transportation, such as public transportation or rideshare program. I understand and accept any risk involved with said transportation. These travel arrangements are not the responsibility of Georgia 4-H. It is my responsibility to arrange and pay for said transportation.

PLEASE ALSO INITIAL BY THE APPROPRIATE SELECTION FOR DEPARTURE TIME

_____ My child will depart at the regularly scheduled end time

_____ My child will depart at a different day or time than the scheduled end time.

Departure day & date: ___________________________ Departure time: _________AM/PM

REQUIRED SIGNATURES

Printed name of parent/guardian giving permission ________________________________________________________________________________ Date __________

Signature of parent/guardian giving permission ________________________________________________________________________________ Phone number of parent/guardian __________

4-H Extension Contact aware of arrangement ________________________________________________________________________________ Date __________

4-H Extension Contact signature ________________________________________________________________________________ Phone number of 4-H Extension contact __________

Comment/Notes: ____________________________________________________________________________________________________

*Please complete sections, sign, and return form to 4-H contact. *

October 2020 Version
I, __________________________, in consideration of being granted permission to travel by means other than official 4-H transportation on this date __________________
to/from (select one or both) the: ______________________________________
hereby waive any and all claims for damages or loss to my person or property which may occur while traveling separately. I hereby release the Board of Regents of the University System of Georgia, the University of Georgia, the University of Georgia Cooperative Extension, Georgia 4-H, and __________ County 4-H, and staff members ("Releasees") and agree to indemnify and hold harmless the Releasees from and all liabilities, losses, damages, costs, and expenses (including attorneys’ fees) arising out of my travel by means other than official transportation. I understand and acknowledge the risks inherent in such travel, including the risk of injury or death, and I assume such risks.

This general release for travel and waiver of liability is binding on my heirs and assigns.

Signature of Student: ___________________________ Date: __________

Signature of Parent/Guardian: ___________________________ Date: __________