



Waiver Form for Transportation

I _____ understand the nature of the trip being planned to:
_____ (place) on _____ (date).

Departure Time: _____

I understand that the transportation will be by: Sharon Sokolik and Associates

I am in accord with the purposes of and procedures governing the trip.

I recognize that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, where situations or problems are not reasonably within control of supervisors. I agree that Sharon Sokolik & Associates are not to be held legally responsible in the event of accident or injury and I will hold Sharon Sokolik & Associates and its employees harmless from any costs, liabilities or expenses related thereto.

In the event that I must return to home independently for reasons of health, accident, failure to conform to rules established by the person in charge, etc., I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I certify that I am the above named participant and that I have read and understood the foregoing release and waiver and that I, in consideration of Sharon Sokolik & Associate's agree to release and waive any claim or legal cause of action that I might have against them arising out of any act or omission of the Sharon Sokolik & Associates, its employees, volunteers and agents.

Are there any medical issues that Sharon Sokolik and Associates should be aware of for this event?

Name (please print): _____

Signature: _____

Cell number(s): _____

Date: _____