



# Consent to Transport

Manchester Police Activities League, Inc.  
239 Middle Turnpike East  
Manchester, CT 06045-0191

## Waiver and Release of All Claims

### Person to be Transported

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
City: \_\_\_\_\_ Home # \_\_\_\_\_ Mobile Phone# \_\_\_\_\_

### If Minor Child named above, please complete the following:

Parent or Guardian: \_\_\_\_\_  
Parent or Guardian Work Phone #: \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

### Emergency contact other than Parent or Guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Transportation Waiver and Release

I, the undersigned, give my consent for the person identified above to be transported by Manchester Police Activities League, Inc. and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity. I also understand that private drivers, an administrator, or the parent of another student participating in the activity, may be used to transport PAL participants to and from the activity. Any damages/harm resulting from a parent/guardian/or other designated driver (including arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived.

Further, by signing below:

1. I will not hold Manchester Police Activities League, Inc., its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize Manchester Police Activities League, Inc. to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with Manchester Police Activities League, Inc.

### SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older. By signing this form, however, I hereby release Manchester Police Activities League Inc, its Board, its Board members, administrators, directors, officers, staff, teachers, instructors, coaches employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, or directions by an adult (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I have signed this CONSENT AND RELEASE this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

This consent and release has been read and is understood by me.

\_\_\_\_\_  
Student's signature (If 18 years or older) PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student's Parent or Legal Guardian PRINTED NAME: \_\_\_\_\_

