



## Transportation Waiver

Passenger Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: {    } \_\_\_\_\_

Occupation: \_\_\_\_\_

*I, the undersigned, desire to participate in the transport program offered by Intellectuals Learning Center. I understand that I am not entitled to any compensation in the event of any bodily harm and/or personal injury imposed upon me and/or my child from the use of the transportation system, whether the fault of the driver, third party, or myself. I release Intellectuals Learning Center and it's affiliates, staff and owner of any and all liabilities surrounding the use of this transportation service. Intellectuals Learning Center is not responsible for any personal injuries and/or medical payments and has ZERO liability insurance for transportation provided you and/or your child(ren) to and from childcare.*

Passenger {or Parents/Guardians} Signature: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_