

**CITY OF WINSTON-SALEM
RECREATION AND PARKS DEPARTMENT
TRANSPORTATION WAIVER**

Child's Name: _____ Date of Birth: _____
Event Type: _____ Date of Event: _____
Departure Time: _____ Return Time: _____

1. I, the undersigned, affirm that I am the parent or legal guardian of the child identified above (the "Child").
2. I hereby give my consent for the Child to be transported by staff of the City of Winston-Salem's Recreation and Parks Department, with such transportation to comply with the Citizen Transportation Policy of the City of Winston-Salem.
3. I will assume all liability for the Child's participation in the activity/event and any injury that may result during the transportation to/from the activity/event. I will not hold the City of Winston-Salem and its officers, agents, employees, or assigns or anyone acting on behalf of the City of Winston-Salem responsible or liable for any injury occurring to the Child in the course of the Child's transportation hereunder.
4. I acknowledge that the City of Winston-Salem shall not liable for any personal items or property belonging to or in the possession of the Child that are lost or misplaced during the course of the Child's transportation in a City of Winston-Salem vehicle.
5. To the extent permitted by law, the Child and I and our heirs, personal representatives, and/or assigns shall indemnify, defend, and hold the City and its officers, agents, and employees harmless from and against any and all liabilities, penalties, fines, forfeitures, demands, claims, causes of action, suits, costs, and expenses incidental thereto (including, but not limited to reasonable attorney's fees), of any kind or nature, directly or indirectly caused by, arising out of, related to, or occurring during the Child's transportation in a City of Winston-Salem vehicle.
6. I hereby authorize the City of Winston-Salem to transport the Child to and to obtain, through a physician of its choice, any emergency medical care that Recreation and Parks Department staff deems reasonably necessary for the Child in the course of his/her transportation by the City of Winston-Salem. I agree to accept and be responsible for all costs of such transportation to a medical facility and/or treatment by medical personnel.
7. This waiver shall remain in full force and effect until its termination by the City of Winston-Salem or me.
8. The Child and I shall not be considered employees, agents, or representatives of the City and shall not be entitled to employee benefits of any kind.
9. This waiver shall be governed by and construed in accordance with the laws of the State of North Carolina. This waiver represents the entire understanding and agreement between the parties. This waiver cannot be amended or modified except by another written document duly signed and executed by the City and the undersigned.

Today's Date: _____
Parent/Guardian's Name: _____
Parent/Guardian's Signature: _____
Parent/Guardian's Address: _____
Child's Address (if different): _____