



Suite 111, 2430 Willow Pass Road, Bay Point, CA 94565 ▪ (925) 709-5437 ▪ kidsfirstschool@gmail.com
License# 073407406

Authorization and Waiver to Transport Child

Kids First Academy offers transportation to its kids and their families who choose to avail of this service. We love doing this for you and making arrangements that will be more convenient for you. We would like to request that you complete this form, before start of transport service. Thank you!

Child's Name	
Child's Date of Birth	

My child requires a booster seat: (All children under 8 years of age are required to be in a booster seat)

- Yes
 No

I authorize Kids First Academy to transport my minor child in a company Bus or Van, driven by an individual authorized by Kids First Academy. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.



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Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Kids First Academy, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent's/Authorized Guardian's Name

Parent's/Authorized Guardian's Signature

Date

Kids First Academy Administrator Acknowledgment

Date