



Minor Consent to Travel Form

This authorization form must be completed by a parent or legal guardian before a child between the ages of 12-15 can travel without an adult escort or aide.

PARENT / LEGAL GUARDIAN INFORMATION First Name Last Name Last Name Last Name Email Phone Number Phone Number Phone Number Inapportation to provide transportation by the legal guardian of the above stated minor child. This child is eligible to the sest of my knowledge to receive Transylvania County Public Transportation is evices. I hereby authorize Transylvania County Public Transportation to provide transportation by the legal guardian for this child without an adult escort or aide. By authorizing Transylvania County Public Transportation and its employees, officers, agents, parent company, and affiliates; Transylvania County Public Transportation and its employees, officers, agents, parent company, and affiliates; Transylvania County Public Transportation providers and their employees, officers, agents, parent companies, and affiliates; and the State of North arolina and its employees, officers, agents, parent company, and affiliates; and the State of North arolina and its employees, officers, agents, parent companies, and affiliates; and the State of North arolina and its employees, officers, agents, parent companies, and affiliates; and the State of North arolina and its employees, officers, agents, parent companies, and affiliates; and the State of North arolina and its employees, officers, agents, parent companies, and affiliates; and the State of North arolina and its employees, officers, agents, parent companies, and affiliates; and the State of North arolina and its employees, officers, agents, parent companies, and affiliates; and the State of North S		
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Email Phone Number Phone Num	Address	Date of Birth (MM/DD/YYYY)
Email Phone Number Phone Num		
Email Phone Number A do hereby affirm and attest that I am the parent or legal guardian of the above stated minor child. This child is eligible to the best of my knowledge to receive Transylvania County Public Transportation to provide transportation by the legal guardian for this child without an adult escort or aide. By authorizing Transylvania County Public Transportation to provide transportation to provide transportation, I hereby release and indemnify Transylvania County Public Transportation and its employees, officers, agents, parent company, and affiliates; Transylvania County Public Transportation and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and Its employees, officers, agents, parent companies, and individe the State of North Carolina and Its employees, officers, agents, parent companies, and individe and the state of North Carolina and Its employees, officers, agents, parent companies, and individe and the State of North Carolina	PARENT / LEGAL GUARDIAN INFORMATION	
, do hereby affirm and attest that I am the parent or legal guardian of the above stated minor child. This child is eligible to the best of my knowledge to receive Transylvania County Public Transportation services. I hereby authorize Transylvania County Public Transportation to provide transportation by the legal guardian for this child without an adult escort or aide. By authorizing Transylvania County Public Transportation to provide transportation, I hereby release and indemnify Transylvania County Public Transportation and its employees, officers, agents, parent company, and affiliates; Transylvania County Public Transportation, providers and their employees, officers, agents, parent companies, and affiliates; and the State of North Carolina and its employees, officers, agents, and agencies from any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection with the transportation provided to the above named minor child by Transylvania County Public Transportation and its transportation providers. **Your signature confirms your acceptance of the following statements** I have read, understand, and discussed with the child the following: (1) The child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel; (2) The 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) The child is to remain in their seat and not be disruptive to the driver of the vehicle; (4) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; (5) The child is 12 years of age or older; (6) The child is capable and mature enough to be transported without an escort (an adult other than the driver); (7) Transylvania County Public Transportation may revoke riding privileges at any time, if any of the policies above have been broken or the supervis	First Name	Last Name
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Guardian Full Name (Please Print) Signature of Guardian Date	<u>X</u> <u>X</u>	
	Guardian Full Name (Please Print) Signa	ture of Guardian Date

Please submit completed forms by mail, email, fax, or in person.

Email: greta.gosnell@transylvaniacounty.org aimee.shelton@transylvaniacounty.org

Fax: 828-884-4199

Mail: Transylvania County Public Transportation