



*Advancing Women in Transportation*  
Central Virginia Chapter

## Parental/Guardian Consent Form and Liability Waiver (Child)

### GIRLS IN TRANSPORTATION DAY

Participant's name:

Birth Date:  Grade:  Age:

Parent/Guardian's name:

Home Address:

City:  State:  Zip:

Home Phone:  Work Phone:  Cell Phone:

e-mail:  Participant T-Shirt Size: S M L XL 2X

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child (Child's Name) \_\_\_\_\_, to participate in this Women's Transportation Seminar Central Virginia Chapter sponsored event. The activity will take place under the guidance of volunteers from Women's Transportation Seminar Central Virginia Chapter (WTS CVC).

A brief description of the activity/event follows:

Type of event: **Girls In Transportation Day**

Location: **Science Museum of Virginia, Richmond, Virginia**

Date: **April 10, 2014**

Time: **9:00am – 3:00pm**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Women's Transportation Seminar Central Virginia Chapter, its officers, Trustees, directors and agents, and the volunteers, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

☐ In the event of an accident or illness, representatives of WTS Central Virginia Chapter HAVE permission to seek medical treatment in the absence of a parent/legal guardian

☐ In the event of an accident or illness, representatives of WTS Central Virginia Chapter DO NOT HAVE permission to seek medical treatment in the absence of a parent/legal guardian.

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

**TRANSPORTATION**



**YOU**

LEADING THE WAY