



Upper Shore Workforce Investment Board

PO Box 8, Wye Mills, MD 21679

410-822-1716

www.uswib.org

TRANSPORTATION PERMISSION FORM
Upper Shore Workforce Investment Board Youth Program

STUDENT CONTACT INFORMATION

Student Name (First, Middle, Last)

Address

City

State

Zip

Phone Number

PERMISSION AND ACKNOWLEDGEMENT REGARDING STUDENT TRANSPORTATION

I _____ (print name) hereby acknowledge that I have been notified and am giving permission to allow my child to be transported by an Upper Shore Workforce Investment Board (WIB) provided transportation company for the Summer Youth Program.

INDEMNITY AND WAIVER OF CLAIM

I, _____ (print name) the undersigned, the Parent/Guardian of _____ (student name/activity participant), agree to indemnify and hold harmless the Upper Shore Workforce Investment Board, the individual members thereof, and all agents from liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

Parent Guardian (print name)

Parent/Guardian (signature)

Date