



Transportation Consent Form

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, HEREBY RELEASE the Arthritis Foundation its agents, volunteers, and employees from any and all liability with regards to transportation to, the operation of, or the provision of services in conjunction with the sleep-away camp session at provided by the Arthritis Foundation. I authorize camp staff to provide transportation to my child, as needed, while at camp. It is my understanding that my child may be transported by bus to and from the camp location.

By checking the box(es) below I confirm that my child will be taking the bus to camp for this session of camp:

- checkbox My child will ride the bus from Dallas, TX to Sky Ranch- Cave Springs in Quapaw, OK on June 14, 2015.
checkbox My child will ride the bus returning to Dallas, TX to Sky Ranch- Cave Springs in Quapaw, OK on June 19, 2015.
checkbox My child will ride the bus from Oklahoma City to Sky Ranch- Cave Springs in Quapaw, OK on June 14, 2015.
checkbox My child will ride the bus returning to Oklahoma City to Sky Ranch- Cave Springs in Quapaw, OK on June 19, 2015.

\_\_\_\_\_(Initial here)

I understand that it is my responsibility to pick up or arrange for someone else to pick my child up from Fort Lone Tree on the last day of camp, June 5, 2015 to bring them home. The Arthritis Foundation is not responsible for my child's transportation home from camp.

\_\_\_\_\_(Initial here)

If someone other than a parent/guardian named on the Camper Profile will be picking your child up from camp please provide his/her

NAME: \_\_\_\_\_
RELATIONSHIP TO CHILD: \_\_\_\_\_
CONTACT PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_(Initial here)

I have completely read and fully understand each item within this Transportation Consent Form

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE