



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 below I confirm that my child will be taking the bus to camp for this session of camp:

My child will ride the bus from Albuquerque, New Mexico (leaving from Hyatt Place Albuquerque Airport) to Fort Lone Tree in Capitan, New Mexico _____(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