



The Loop Transportation Consent

The Loop is a youth bus route funded by Measure R and the Tulare County Board of Supervisors and is designed to provide safe transportation to programs offered by local providers. If your child will be using the Loop to get to and/or from a center, please complete the following consent form:

I hereby give consent for my child, _____, to board and ride The Loop youth transportation system. I understand that Tulare County will provide transportation to and from designated bus stops and recreation centers or locations requested by the applying organization.

I have read, understand and agree to the following (please initial each line):

_____ Participants shall be responsible for taking the bus to/from their destination.

_____ If my child misses the bus and needs a ride home, I agree to respond and pick up my child within 30 minutes of notification.

_____ The Loop and participating centers supervise participants while on the bus or while in participating recreation centers. No supervision is provided at bus stops.

Release of Liability and Indemnity Agreement – Minor

I, the undersigned, parent or guardian of _____, a minor, give my consent and permission to such minor traveling on vehicles owned and operated by the County of Tulare, its officers, agents, or employees, or by vehicles owned and operated by others.

I realize that unanticipated and unexpected dangers may arise while the program is in progress and during other activities associated with this program. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from such minor's participation in this program.

In consideration of the benefits provided by the County of Tulare and/or its partners, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make claim against or sue the County of Tulare or any center/program that is serviced by the Loop bus or any of their officers, agents, employees, or volunteers as a result of my participation in the program(s) set forth above. In addition, I hereby release the County of Tulare, its partners, officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have, or may hereafter at any time have for injury or damage: (1) resulting from the condition of any improved facility which has been reasonably maintained; (2) resulting from the condition of any unimproved county facility; (3) suffered by me while participating or traveling to and from the event or activity set forth above; or (4) suffered by me in any other activity associated with the event or activity aforementioned. This release does not apply to intentional and/or willful acts of misconduct by County of Tulare, its partners or any of their officers, agents, employees or volunteers.

I understand that this Agreement and Release of Liability is enforceable against me only, as a parent or guardian of such minor, and that said Agreement and Release of Liability may not be enforced as against such minor. Therefore, in further consideration for permitting such minor to participate in the aforementioned activity, I agree to defend the County of Tulare or any center/program that is serviced by the Loop bus, their officers, agents, employees and volunteers against any claim or lawsuit for injury, loss, or damage arising from or in any way connected with such minor's participation in the program(s) including any negligence, carelessness, or other acts of the County of Tulare, its partners, officers, agents, employees and volunteers. I also agree to reimburse the County of Tulare, its officers, agents, employees, or volunteers from any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and indemnity, and that it is a legally binding contract between the County of Tulare and me, and I sign it of my own free will.

Signature

Date



Emergency Information

Participant Name _____
Last First Middle

Birthdate _____ Age _____ Male Female

Parent or Guardian Name(s) _____

Address _____ City _____ Zip _____

Mother Phone: _____ home _____ work _____ cell _____

Father Phone: _____ home _____ work _____ cell _____

Emergency Contact (other than parent/guardian):

Name	Address	Home Phone	Work	Cell	Relation

In case of an emergency and/or medical situation, we will first contact the parent(s). If we cannot reach a parent/guardian, we will then contact a person on the Emergency Contact list. If necessary, we will call appropriate emergency medical services.

Child's Physician: _____ Phone: _____

Previous medical conditions (allergies, epilepsy, asthma, etc.): _____

Current medications: _____

I authorize the County of Tulare and any center/organization served by the Loop bus to seek necessary medical treatment at a hospital or other medical facility. YES _____ NO _____

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer in a youth program. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of said minor. I acknowledge that no warranty is being made as to the results of any treatment.

The undersigned parent and natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and agrees to save and hold harmless and indemnify the County of Tulare and any center served by the Loop bus and their directors, officers, employees, medical technicians, paramedics, nurses, hospitals, or other medical facilities from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both of the undersigned.

Signature: _____ Date: _____