University of Kansas
Youth Program Transportation Authorization and Release Form

For minor participants in KU youth programs, activities, camps, field trips, or related events

Important Notice: This is a legal document. Please read and understand this document before signing. This form must be completed by a parent or legal guardian before a minor participant may be transported as part of the program identified below.

1. Participant Information

Field	Response
Participant full name	_____ *Enter the minor participant's legal name.*
Date of birth	____ / ____ / _____ *Use MM/DD/YYYY.*
Program or activity name	_____ *Enter the name used for registration or approval.*
Program dates	____ / ____ / _____ to ____ / ____ / _____ *Enter start and end dates.*
Program location(s)	_____ *List on-campus and off-site locations, if known.*
Sponsoring department/unit	_____
Program director/contact	_____
Program contact phone/email	_____

2. Parent / Legal Guardian Information

Field	Response
Parent/legal guardian name	_____
Relationship to participant	_____
Primary phone number	(_____) _____ - _____
Alternate phone number	(_____) _____ - _____
Email address	_____
Street address	_____
City, state, ZIP	_____

3. Transportation Authorization

I am the parent or legal guardian of the minor participant named above. I authorize the participant to be transported in connection with the University of Kansas program or activity identified above.

Transportation may include, as applicable:

☐ Walking with program staff or supervisors
☐ University-owned, leased, or rented vehicle
☐ Charter bus or commercial transportation service
☐ Public transportation
☐ Other transportation method: _____

Transportation may occur:

☐ To and from the program location
☐ During the program or activity
☐ To and from off-site activities, field trips, meals, lodging, medical care, or emergency locations
☐ Other: _____

Field	Response
Authorized transportation dates/time period	____ / ____ / _____ to ____ / ____ / _____ *Enter start/end dates or time period.*
Known destination(s)	_____ *List destinations, if applicable.*
Transportation provider/driver, if known	_____ *Enter vendor, driver, or transportation provider if known.*

4. Transportation Expectations and Safety Acknowledgment

I understand that transportation may involve ordinary and inherent risks, including risks associated with travel by vehicle, bus, walking, public transportation, or other approved methods of transportation.

I understand that the participant is expected to follow all instructions from program staff during transportation, including instructions related to seat belts, boarding and exiting vehicles, remaining with the group, respectful conduct, and emergency procedures.

I understand that unsafe, disruptive, or noncompliant behavior during transportation may result in corrective action, including limitation or removal from transportation or program activities.

5. Assumption of Risk, Waiver of Liability, and Indemnification

This Transportation Authorization and Release Form must be completed for transportation activities associated with the program identified above (the "Program"). I, the undersigned, am the parent and/or legal guardian ("Guardian/Parent") of

the minor participant named above. I am familiar with the transportation activities that may take place in connection with the Program.

Assumption of Risk. I authorize the Participant to participate in transportation related to the Program at the University of Kansas. I understand that such transportation may include foreseeable and unforeseeable risks and other activities inherent in transportation which may expose the Participant to property damage, illness, injury, or death. Guardian/Parent of Participant freely and voluntarily authorizes transportation with knowledge of the inherent risks and danger involved and agrees to assume and accept any and all risk of property damage, illness, injury, or death related to such transportation.

Waiver, Release, and Indemnification. Guardian/Parent of Participant understands and acknowledges that the University of Kansas ("University") is not an insurer of Participant's behavior, actions, or participation in transportation related to the Program, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of transportation related to Program activities. Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify, and hold harmless the University, Kansas Board of Regents, State of Kansas, and all of their officers, employees, agents, and volunteers (collectively the "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to transportation in connection with the Program.

Guardian/Parent of Participant agrees that any lawsuit arising out of or related to transportation in connection with the Program shall be brought solely in courts having jurisdiction within the State of Kansas and that this authorization will be governed by and construed in accordance with the laws of the State of Kansas, without application of any principles of choice of law. Participant or Guardian/Parent shall pay any attorney fees or costs incurred by the University in enforcing this authorization.

If any portion of this authorization is held to be invalid by a court of law, then it is agreed and intended that the remainder shall continue in full force and effect.

GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS, FULLY UNDERSTANDS THEIR CONTENT, AND IS AWARE THAT THIS IS AN ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT.

6. Parent / Legal Guardian Certification and Signature

By signing below, I certify that:

- I am the parent or legal guardian of the participant named above.
- I have read and understand this form.
- The information I provided is accurate and complete.
- I authorize transportation as indicated in this form.
- I understand that I may revoke or modify this authorization in writing, subject to program requirements and timing.

Field	Response
Parent/legal guardian printed name	_____
Parent/legal guardian signature	_____ *Electronic or handwritten signature, as accepted by the program.*
Date	____ / ____ / _____ *Use MM/DD/YYYY.*
Phone number	(_____) _____ - _____
Email address	_____