

SOUTH CENTRAL PA HIGHWAY SAFETY

@ the American Trauma Society, PA Division - 2 Flowers Drive ~ Mechanicsburg, PA 17050

717.766.1616 ~ Fax 717.766.6989 ~ www.scpahs.org

2020 Safe Driving Competition for Youth

Consent, Release and Waiver for Travel Form

Hosted by: South Central PA Highway Safety, PA Motor Truck Association and PA Department of Transportation

Venue: Capital Area Intermediate Unit, Summerdale/Enola, PA

Date: Tuesday, April 28, 2020

Name of student: _____ Age of student: _____
(Please print or type)

1. I give consent for my child to be under the supervision of a chaperone assigned to him/her during the Safe Driving Competition for Youth.
2. I am also aware that media may be present and give consent to allow my child to be interviewed, videotaped, or photographed. These photos may appear in news media, social media, advertising and company websites.
3. I would like my child to be able to take part in the annual Safe Driving Competition for Youth.
4. I understand that the Safe Driving Competition for Youth involves traveling to the Capital Area Intermediate Unit Summerdale/Enola, PA, and that the competition, especially the driving range involves some risk of injury.
5. I will encourage my child to take all safety precautions recommended by South Central PA Highway Safety, the PA Motor Truck Association and the PA Department of Transportation throughout the day to avoid any danger to himself/herself or others.
6. I release the Commonwealth of Pennsylvania, PA Department of Transportation, South Central PA Highway Safety, PA Motor Truck Association and their respective officials and employees from any liability on behalf of my child, myself, or our heirs and assigns, waive all claims, and agree not to sue the Department of Transportation, South Central PA Highway Safety, or the PMTA or their officials or employees for any injury to my child, myself, or damage to my property, whether caused by the negligence of the Department of Transportation, South Central PA Highway Safety, PMTA, myself, or someone else, while my child is participating in the Safe Driving Competition for Youth.
7. I have read this release and intended to be legally bound by its terms.

Parent/Guardian: _____ Preferred Phone #: _____
(Please print)

Signature: _____ Date: _____

Serving Cumberland, Dauphin, Franklin & Perry Counties

In cooperation with the American Trauma Society, PA Division, Cumberland County Sheriff's Office and PennDOT