



Pediatric Mental Health Program

TRANSPORTATION WAIVER FORM – CHILD

TRANSPORTATION WAIVER and RELEASE:

I, _____, give my consent for _____ to be transported by the Red Lake Band of Chippewa Indians/Red Lake Nation Embassy and I will assume all liability for injury that may result during the transport of my minor child.

Further, by signing below:

1. I will not hold Red Lake Band of Chippewa Indians, its employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I accept full responsibility and hereby grant permission for my minor child to travel with Red Lake Band of Chippewa/Red Lake Nation Embassy staff.

TRANSPORTATION PERMISSION: I do hereby give permission for the minor identified above to ride in the Red Lake Nation Embassy van drive by an approved Red Lake Nation Embassy employee to and from therapy appointments at Mino Bimaadiziwin Wellness Clinic.

TRANSPORTATION SAFETY: All children transported by Red Lake Band of Chippewa Indians/Red Lake Nation Embassy must adhere to safety rules. Children must remain seated, wear a seatbelt and follow the staff's directions at all times. Because of our safety requirements, any violation of this transportation policy may result in restriction of your child riding in the vehicle.

An adult caregiver must supervise children 7 and younger during transportation to and from the clinic. Children older than 7 may be required to have an adult caregiver present if they have challenges following safety guidelines.

THIS IS A RELEASE OF LIABILITY WAIVER. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS INDEMNIFICATION AGREEMENT VOLUNTARILY.

Minor Child Name: _____ DOB: _____

Parent/Guardian Name: _____ Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____