

**CENTRAL ILLINOIS ATHLETICS (CIA)**

**EMPLOYEE-STUDENT TRANSPORTATION WAIVER**

**AUTHORIZATION, MEDICAL RELEASE & LIABILITY WAIVER**

THIS AUTHORIZATION, MEDICAL RELEASE, & LIABILITY WAIVER MUST BE COMPLETED AND SIGNED BY A PARENT OR LEGAL GUARDIAN FOR ANY STUDENT(S) BEING TRANSPORTED BY AN EMPLOYEE OF CENTRAL ILLINOIS ATHLETICS (CIA) OUTSIDE THE NORMAL SCOPE OF EMPLOYEE-STUDENT RELATIONS. CARPOOLING IS NOT A GYM SPONSORED FUNCTION. CARPOOLING TO AND FROM THE GYM IS OUTSIDE THE NORMAL SCOPE OF EMPLOYEE-STUDENT RELATIONS. A COMPLETED COPY OF THIS FORM SHOULD BE SUBMITTED TO THE OFFICE AND KEPT IN THE EMPLOYEE'S VEHICLE AT ALL TIMES.

Students to be transported by \_\_\_\_\_

(CIA Employee)

Student 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student 3 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student 4 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, the following persons may be contacted:

Emergency contact \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INFORMATION**

Do any of the students have any of the following?

Special Diet \_\_\_\_\_ Allergies \_\_\_\_\_ Medication \_\_\_\_\_ Chronic/Recurring Illness \_\_\_\_\_

Physical conditions that limit activity \_\_\_\_\_ Surgery or serious illness in last year \_\_\_\_\_

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN. IN THE EVENT OF AN EMERGENCY OR NON-EMERGENCY SITUATION IN WHICH MEDICAL TREATMENT IS REQUIRED AS A RESULT OF AN EMPLOYEE'S TRANSPORTING A STUDENT IN CONNECTION WITH THIS AUTHORIZATION, EVERY REASONABLE EFFORT WILL BE MADE TO CONTACT THE PARENT/LEGAL GUARDIAN OR THE PERSONS LISTED ABOVE.**

I the undersigned parent or legal guardian of the above listed student(s):

- acknowledge that the transporting of my child involves risk of serious injury, including permanent disability or death, and economic losses which might result not only from my own actions, inactions or negligence, but action, inaction or negligence of others, and that there may be other unknown risks not reasonably foreseeable at this time;
- assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death and acknowledge that the Releasees (defined below) do not carry accident or medical insurance on the Student(s) listed above;
- release, discharge, covenant to indemnify and not to sue the Central Illinois Athletics Employee listed above, Chatham Tumbling & Trampoline, Inc., or their affiliated organizations, sponsors, managers, employees and associated personnel, officers, directors, and agents, (all of whom are defined herein as "Releasees"), from and with respect to any and all liability to the undersigned, or his/her heirs or next of kin, for any claim that I may make as a result of my child being transported in connection with this authorization;
- authorize the Releasees to coordinate, arrange and/or administer emergency medical treatment to my child(ren) listed above for any accident or illness and to act in my stead in approving necessary medical care, and I further agree to be financially responsible for the cost of any such assistance or treatment.
- acknowledge that transporting children to and from the Gym for carpool purposes (or to and from any destination for any non-school sponsored functions, such as carpool) is outside the normal scope of employee-student relations;

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_