

**CHRIST THE SAVIOUR ORTHODOX CHURCH
HARRISBURG, PA**

TRANSPORTATION POLICY AND WAIVER

POLICY

Christ the Saviour Orthodox Church Transportation Policy is as follows:

1. Parents are responsible for all the transportation needs of their child to parish-sponsored youth activities away from parish premises. The Church cannot routinely coordinate such arrangements and this policy does not cover situations where parents on their own arrange for the transportation of their child with another person, including a parish member, to a parish-sponsored youth activity. In the event that the parent asks the Church, through its Pastor, Officer of the Church, or youth activity coordinator, to provide transportation for their child to the parish-sponsored event and the Church agrees to provide a driver, the parent(s) must sign a waiver stating their permission. The waiver must be fully completed and signed by both parents/guardians, if applicable, and submitted to the Pastor, an Officer of the Church, or the youth activity coordinator before any transportation is provided.
2. The driver must be reasonably older than the youth they are transporting and must not have an adverse driving record. In no case shall the driver be under 21 years of age.
3. The driver is prohibited from being alone in a vehicle if the transportation involves only one youth unless the driver has the advance approval of the Pastor, an Officer of the Church, or the youth activity coordinator.
4. The driver must maintain adequate liability insurance and provide a copy of his/her insurance coverage and PA Financial Responsibility Identification Card to the Pastor, an Officer of the Church, or the youth activity coordinator.
5. The original signed Transportation Policy and Waiver, along with Emergency Contact and Medical Information and a copy of the driver's insurance coverage will be kept on file in the Church Office prior to any transportation being provided. A copy of the Emergency Contact and Medical Information will also be provided to the driver for use in case of an emergency.

WAIVER

I (we), the parent(s) / guardian(s) of _____ permit my (our) child _____ -
_____ to be transported in a vehicle driven by _____ to
and/or from the following event: _____.

I (we) recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my (our) child may risk personal injury or permanent loss. I (we) hereby attest and verify that I (we) have full knowledge of the risk involved in this activity.

As a condition of the transportation received, I (we), for myself (ourselves), my (our) child, my (our) executors, and assigns further agree to release, acquit, exonerate, forever discharge, and hold harmless Christ The Saviour Orthodox Church and its agents, officers, council members, and employees from any claims, actions, or causes of action that I (we) had, now have, or may have or that I (we) had, now have, or may have on my (our) child's behalf, whether or not heretofore known or asserted, arising out of this transportation. I (we) have read this entire waiver form, fully understand it, and agree to be legally bound by its terms.

I (we) give my (our) permission for my child, in case of emergency, to be taken to a physician or hospital. I understand that every effort will be made to contact me (us). If I (we) cannot be reached, I (we) hereby give permission to the physician selected by an adult in charge to secure proper treatment for my (our) child. (SEE EMERGENCY CONTACT AND MEDICAL INFORMATION PROVIDED ON REVERSE SIDE OF THIS WAIVER).

I (we) state that to the best of my (our) knowledge, my (our) child is in good health and I (we) assume all responsibility for the health of my (our) child. My (our) child is not taking any medications at present except for: _____ (insert "none" if applicable).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medical/Hospitalization Policy Name: _____

Policy Number _____ Group Number _____

PLEASE NOTE: BOTH PARENT(S)/ GUARDIAN(S) MUST COMPLETE, SIGN, AND DATE THIS FORM AND PROVIDE EMERGENCY CONTACT INFORMATION AND EMERGENCY MEDICAL INFORMATION ON THE OTHER SIDE.

(SEE REVERSE SIDE)

EMERGENCY CONTACT INFORMATION

NAME: _____; RELATIONSHIP: _____

TELEPHONE (Home): _____

TELEPHONE (Work): _____

TELEPHONE (Cell): _____

NAME: _____; RELATIONSHIP: _____

TELEPHONE (Home): _____

TELEPHONE (Work): _____

TELEPHONE (Cell): _____

FAMILY DOCTOR: _____

TELEPHONE: _____

SPECIFIC MEDICAL INFORMATION (Insert the word "none" if none apply) :

ALLERGIC REACTIONS: _____

CURRENT MEDICATIONS: _____

SPECIAL MEDICALLY PRESCRIBED DIET: _____

PHYSICAL LIMITATIONS: _____

ANY OTHER SPECIAL MEDICAL CONDITIONS: _____

ANY OTHER SPECIAL NOTES:
