

# Nonprofit Transportation Consent and Release Form

## Participant Information

Full Name

Date of Birth

Phone Number

Address

## Emergency Contact

Name

Relationship

Phone Number

## Transportation Details

Purpose of Transportation

Date(s) of Transportation

Destination

## Consent and Release

Please read and agree to the following:

☐ I consent to be transported by the organization and release them from liability to the extent permitted by law.

☐ I authorize emergency medical treatment if necessary.

## Signature

---

Participant Signature

---

Date

---

Parent/Guardian Signature (if under 18)

---

Date