Parent Bus Transportation Waiver

I hereby request bus transportation for the following persons:

_____ _____

_____ _____

I hereby agree to hold harmless the Children's Diabetes Camp of Central Texas, Camp Bluebonnet and Peaceable Kingdom, its volunteers and/or employees from any and all liability of whatsoever nature and injuries, sickness or other damages suffered by any of the above named persons, during his or her transportation to Camp Bluebonnet and by any act of omission of said organization, its volunteers, and/or employees indemnify them from any claims that may arise or be related to the transportation of any of the above named persons to Camp Bluebonnet, including but not limited to all claims for compensation, bodily injuries, and property damages whether arising out of alleged negligence of the Children's Diabetes Camp of Central Texas, Camp Bluebonnet and Peaceable Kingdom or its volunteers.

I authorize emergency medical treatment in the event of an accident. I/We understand that every reasonable effort to notify us will be taken upon learning of an accident and/or prior to rendering emergency treatment. In addition, I authorize the Children's Diabetes Camp of Central Texas to release medical information that may be helpful for treatment.

Print Full Name of All Named Persons:

_____ _____

_____ _____

Print Full Name of Legal Parent or Guardian: _____

Signature of Parent or Legal Guardian: _____

Emergency Telephone number: _____

Date: _____

Bus Pick-Up/Drop-Off Location: Austin High School

(Circle One) Dell Children's Medical Center

Westwood High School

Additional copies available at parent orientation or at check in.