

YOUTH TRANSPORTATION RELEASE

Montgomery County Ohio College Promise
40 N. Main Street, Suite 500
Dayton, OH 45423
Phone: (937) 222-9957
Fax: (937) 222-0636

I, _____, the parent/guardian of _____

do hereby give my permission for _____, to transport my
child to and from the following location: _____

Date (s) of the event: _____

I understand that Montgomery County Ohio College Promise (MCOCP) will not be transporting my child and hereby acknowledge and agree that MCOCP assumes no risk or liability for the transportation of my child. On behalf of my child, myself, and our family, I hereby forever release, discharge, and agree to indemnify and hold harmless MCOCP, the Dayton-Montgomery County Scholarship Program, their trustees, officers, employees, volunteers, and agents from and against any and all liability, claim, or demand for personal injury, illness, or death, as well as property damage and expenses, that relate to or arise out of the transportation of my child and/or family members.

Parent/Guardian Signature Date

Accepted by MCOCP Staff Signature Date

Acknowledge by mentee if over the age of 18:

Mentee Signature Date