



Transportation Services Waiver & Release

In consideration for being a passenger in the personal vehicle that is driven by Patricia Weaver or Jo Ragland, I hereby release, waive, discharge, and will not litigate against any of these drivers, their private insurance carriers, or the Skills Development Center.

I recognize and acknowledge that the Skills Development Center is neither a common carrier nor in the business of providing transportation services. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers or my ward, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation to or from the Skills Development Center, including, but not limited to, injuries, damages, and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against the Skills Development Center, including its respective officials, agents, volunteers, and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that may have or which may accrue to me and arising out of, connected with, or in any way associated with said transportation.

I understand that the owner or owners' insurance will not be responsible for any medical costs associated with any injury that may be sustained while being a passenger in said vehicle.

I further agree that this agreement shall be governed by the laws of the Commonwealth of Virginia.

I have read and fully understand the above waiver and release of all claims. Transportation will be denied if the signature of adult participant and guardian and date are not on this waiver.

Signature of Participant

Date

Printed Name of Participant

Signature of Legal Guardian

Date

Printed Name of Legal Guardian