

CONSENT FORM MINOR TO USE TRIPS TRANSPORTATION SERVICE

I, _______, hereby request a minor, _______ PARTICIPANT'S NAME , hereby request a minor, _______ MINOR'S NAME & AGE to be permitted to travel with me on the City of Irvine's TRIPS vehicle.

This minor's parent/guardian agrees to indemnify and hold harmless the City of Irvine and its officers, agents and employees from any liability, claim, or action from damages resulting from or in any way arising out of the participation of the activity by the registered person.

As Participant, I hereby consent to treatment of minor to any and all medical care deemed necessary by a qualified physician as a result of accident of injury. I further agree to pay any and all costs incurred as a result of said treatment.

PARENT/GUARDIAN SIGNATURE

GUARDIAN SIGNATURE OR TRIP PARTICIPANT	DATE	
ADDRESS	PHONE	
CITY	STATE	ZIP