

**COLCHESTER YOUTH SERVICES BUREAU
TRANSPORTATION WAIVER OF LIABILITY**

In consideration for the opportunity to be transported by the Colchester Youth Services Bureau, I hereby release all participating groups and persons, including Colchester Youth Services Bureau and persons connected with this program, including all elected and appointed officials, employees, and volunteers of the Town of Colchester from any and all liability for any injury or damages whatsoever arising from any participation in the program. This release is valid for one year from the date it is signed.

Child's name _____ **Grade** _____

Parent/Guardian Signature _____ **Date** _____

Address _____

Home Phone _____ **Day time phone** _____

Any other phone numbers to reach parent/guardian? _____