



## Before/After-School and Summer Transportation Registration & Liability Release Form

### Student Information

Student's Full Name:	
Age / Grade:	
School:	
Contact Number for Student (if needed):	

### Parent/Guardian Information

Parent/Guardian Name:	
Relationship to Student:	
Contact Number:	
Mailing Address:	
Email Address:	

### Transportation Details

Service Requested: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Both
Morning Pick-Up Address:
Morning Drop-Off Address:
Preferred Time to Destination:
Window Time for Drop of Destination- Ex: (School open) <b>7am</b> – (School starts) <b>7:45am</b> :
Afternoon Pick-Up Address:
Afternoon Drop-Off Address:
Preferred Time to Destination (subject to availability):
Window Time for Pick-up- Ex: (School ends) <b>2:15pm</b> – (Car Lane closes) <b>2:45pm</b> :



**Permission, Waiver, and Acknowledgments**

**Release of Liability & Assumption of Risk**

I understand that transportation involves inherent risks, including but not limited to traffic accidents, injuries, or delays. By signing this form, I voluntarily release, discharge, and hold harmless **TNT Swiftly Rides Essential Transportation**, its owners, employees, contractors, and affiliates from any liability, claims, or demands arising from my child's participation in transportation services, except in cases of gross negligence or willful misconduct.

**Indemnification**

I agree to indemnify and hold harmless TNT Swiftly Rides Essential Transportation against any claims, damages, costs, or attorney's fees resulting from my child's actions or conduct while being transported.

**Medical Authorization**

In the event of a medical emergency, I authorize TNT Swiftly Rides staff to administer basic first aid and seek emergency medical care for my child. I understand that reasonable efforts will be made to contact me first, but if I cannot be reached, I consent to treatment as deemed necessary by medical professionals.

**Behavior & Safety Expectations**

I understand that my child must comply with all safety rules and instructions provided by TNT Swiftly Rides staff. Failure to do so may result in suspension or termination of transportation services.

**Acknowledgment of Responsibility**

I acknowledge that it is my responsibility to notify both my child's school and TNT Swiftly Rides promptly of any changes in transportation arrangements.

**Electronic Signature Consent**

I agree that an electronic or typed signature on this document is legally binding and valid as an original.

**Service Disclaimer**

*Please be advised that this is not a contractual agreement. Services may be discontinued at any time due to factors such as staffing, route changes, or availability. Services may also be canceled by the client at any time without penalty.*

**Emergency Contact Information**

Emergency Contact Name:	
Emergency Contact Phone:	
Medical History/Allergies/Medications:	
Additional Notes or Instructions:	

Parent/Guardian Signature:	
Date:	

**Administration Use Only**

Approved By:	
Date Approved:	

