Parental Consent Form for Minor Travel

Parent/Guardian Information

- **Parent/Guardian Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

Minor Passenger Information

- **Full Name of Minor:** _____
- **Date of Birth:** _____ / _____ / _____
- **Age at Time of Travel:** _____
- **Emergency Contact (if different from above):**
  Name: _____
  Phone: _____
- Date Traveling with JOCO Shuttle_____ /_____ / _____

Consent Statement

I, the undersigned, am the parent or legal guardian of the minor named above. I hereby give permission for my child to ride the JOCO Shuttle on the date(s) specified. I acknowledge that:

- My child will be riding without my supervision.
- I have reviewed and accept the posted shuttle times and pickup locations.
- I understand that the shuttle staff will make reasonable efforts to ensure safety and timely travel.
- I release JOCO Shuttle, its staff, drivers, and affiliates from liability for delays, cancellations, or incidents that may occur during travel, except in cases of gross negligence.

Medical Consent

☐ I authorize JOCO Shuttle staff to seek emergency medical care for my child if needed during transit and if I cannot be reached. I understand that I am responsible for any medical costs incurred.

Parent/Guardian Signature

Signature: _____
Date: _____ / _____ / _____