



Youth Protection Program Authorization of Transportation and Supervision of a Minor

While during the _____ I, _____
Project Name Parent/legal guardian Name

hereby provide the following authorization and consent for

CSUMB Student First Name Last Name Cell number with area code

to provide (check all that apply) Supervision and Transportation to his/her:

Sister Brother Relative Friend Neighbor

Minor Participant Last Name Last Name

Please chose one: Pick-up Drop-off Both Neither

The address pick-up/drop-off location(s) are as follows:

(2 location addresses have been provided for your convinence should it be needed)

A. _____
Street Address

City

B. _____
Street Address

City

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University.

Minors Name: _____

Parent/legal guardian Authorization:

Parent/legal guardian Printed Name: _____

Parent/legal guardian Signature: _____

Cell/mobile number with area code: _____

Program Director Printed Name

Program Director Signature

YP Officer/EHSRM Signature