



Youth Protection Program

Authorization of Transportation of a Minor

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

hereby provide the following authorization and consent for

CSUMB employee First Name Last Name Cell number

to provide transportation to _____
Minor Participant First Name Last Name

Please chose one: Pick-up Drop-off Both

The address pick-up/drop-off location(s) are as
(2 location addresses have been provided for your convinence should it be needed)
follows:

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.

Parent/legal guardian Authorization

Parent/legal guardian Printed Name: _____

Parent/legal guardian Signature: _____

Cell/mobile number: _(_____)_____

Program Director Printed Name

Program Director Signature

YP Officer/EHSRM Signature