

# SOUTH CENTRAL PA HIGHWAY SAFETY

@ the American Trauma Society, PA Division - 2 Flowers Drive ~ Mechanicsburg, PA 17050  
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## 2024 Safe Driving Competition for Youth

### Consent, Release and Waiver for Travel Form

Hosted by: South Central PA Highway Safety and PA Motor Truck Association

Venue: Capital Area Intermediate Unit

55 Miller St, Summerdale, PA 17093

Date: Wednesday, May 1, 2024

School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Age of student: \_\_\_\_\_

(Please print)

1. I would like my child to take part in the annual Safe Driving Competition for Youth.
2. I give consent for my child to be under the supervision of a chaperone assigned to him/her during the Safe Driving Competition for Youth.
3. I am also aware that the media may be present and give consent to allow my child to be interviewed, videotaped, or photographed. These photos may appear in news media, social media, advertising, and company websites.
4. I understand that the Safe Driving Competition for Youth involves traveling to the Capital Area Intermediate Unit located in Summerdale, PA, and that the competition, especially the driving range involves some risk of injury.
5. I will encourage my child to take all safety precautions recommended by South Central PA Highway Safety, the PA Motor Truck Association, and the PA Department of Transportation throughout the day to avoid any danger to himself/herself or others.
6. I release South Central PA Highway Safety, Pennsylvania Motor Truck Association, and Capital Area Intermediate Unit, their respective officials, and employees from any liability on behalf of my child, myself, or our heirs and assigns. I waive all claims and agree not to sue the South Central PA Highway Safety, Pennsylvania Motor Truck Association, Capital Area Intermediate Unit, or their officials or employees for any injury to my child, or damage to my property, whether caused by the negligence to, of my child, or someone else, while my child is participating in the Safe Driving Competition for Youth.
7. I have read this release and intend to be legally bound by its terms.

Parent/Guardian: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Serving Cumberland, Dauphin, Franklin & Perry Counties*

In cooperation with the American Trauma Society, PA Division, Cumberland County Sheriff's Office and PennDOT