



## **SPECIAL NEEDS/ UNACCOMPANIED MINOR RELEASE FORM**

### AUTHORIZATION:

1. The passenger will be getting off the bus by themselves.

My minor/special needs person will be getting off the bus by him/her self at \_\_\_\_\_(destination)

2. Travel Washington Grape Line does not assume any other responsibility for this unaccompanied minor/special needs passenger traveler after providing service between the pick-up and drop-off locations.

I \_\_\_\_\_ guardian of \_\_\_\_\_(name of minor/special needs person) do give the Travel Washington Grape Line authorization to provide transportation between \_\_\_\_\_(departure location) and \_\_\_\_\_(arrival location). **I understand that Travel Washington Grape Line is not responsible for the passenger once the bus arrives at the above specified arrival location.**

3. This minor/special needs authorization is valid for a single date or range of dates.

I \_\_\_\_\_ guardian of \_\_\_\_\_(name of minor/special needs person) authorize that the instructions specified above are valid for \_\_\_\_\_(starting date) to \_\_\_\_\_(ending date)

### MINOR OR SPECIAL NEEDS INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### PARENT OF GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Contact (suggest this is the receiving parent/guardian)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_