



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: _____