

# Family Medicine Health Center Meridian Boys & Girls Club Transportation Agreement



**BOYS & GIRLS CLUBS  
OF ADA COUNTY**

Dear parent/guardian,

The Boys & Girls Club of Ada County offers free transportation for your child from school to the Family Medicine Health Center Meridian Schools Clinic (FMHC-MS). By signing this form below you are giving consent and authorization that Boys and Girls Club can provide transportation for your child when in need of medical assistance.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Date

## **PARENT OR GUARDIAN APPROVAL**

I/we assume all risks and hazards incidental to such participation including transportation to and from Meridian Medicine Health Center; and hereby waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Club of Ada County, the organizers, sponsors supervisor, participants, and persons transporting my/our child, whether the result of negligence or for any other cause. I/we further give consent to him/her being given a physical exam or emergency treatment by a physician or hospital in case of an emergency.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**