



TRANSPORTATION  **YOU**
LEADING THE WAY

Student Information

Student Name: _____

School: _____

Grade in School: _____

What do you think you will be when you grow up?

What is your favorite class?

Do you have any hobbies?

What else do you want us to know about you?



Mentoring Program Photo Release Form

We Capture Your Child's Smiles

Occasionally, WTS NC Triangle Chapter photographs and/or videotapes during our events. Photos and videos are used for many different purposes including publications, advertising, and promotional materials. We need your signature on file if you give your permission to use photos/videos of your child for promotional purposes.

_____ I hereby consent to the participation in interview, the use of quotes, and the taking of photographs, movies and/or video tapes of _____ (Student's Name) by the Women's Transportation Seminar (WTS) and their Transportation YOU program.

I also grant to the Women's Transportation Seminar and their Transportation YOU program the right to edit, use and reuse such products for non-profit purposed including use in print, on the internet, and all other forms of media. I also hereby release Women's Transportation Seminar and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

_____ I do not give permission

Signature _____

Date _____

CONTACT INFORMATION	
Parent/Guardian Name	
Home Phone	Work Phone
Cell Phone	Email
Parent/Guardian Name	
Home Phone	Work Phone
Cell Phone	Email
Emergency Contact	
Home Phone	Work Phone
Cell Phone	Email

MEDICAL INFORMATION	
Doctor's Name	Phone
Allergies	
Medical Conditions	
Insurance Carrier	Insurance ID

STATEMENT OF CONSENT		
<p>I hereby give permission for _____ (student name) to work with a mentor. I understand that a mentor was selected from my community and will be screened (including a criminal background check) prior to meeting with my child. This mentor will meet with my child during the next 9 months. I permit this mentor to be alone with my child, to drive my child and to take my child on outings that have been previously cleared with me. I expect that both <i>Transportation YOU</i> and the mentor will demonstrate reasonable precaution to avoid injury, but I recognize that neither the mentor nor <i>Transportation YOU</i> will be held responsible should an accident occur during my child's participation in this activity, and I accept full responsibilities for such injuries. I also authorize the mentor, in the event that I cannot be contacted or if any urgency dictates, to act <i>in loco parentis</i> for the Child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, and on my behalf to authorize any such treatment. I hereby accept full liability for all costs</p>		
Signature of Parent/Guardian	Date	Printed name of Parent/Guardian