



61-51 Fresh Meadow Lane (174 St. & 65 Ave.) Fresh Meadows, NY 11365
<http://isteinny.com/sunshineschool.php> E-mail: SunshineAcademyNy@gmail.com

2017 SUMMER SCHOOL PROGRAM

July 3 - August 18

Monday – Friday: 8:00 am – 6:30 pm

TRANSPORTATION PERMISSION

As consideration for being allowed to have the transportation provided by Sunshine Group in NY Inc. the undersigned, on his or her behalf, and on the behalf of the Student(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the student(s) named below or obtained permission from the parent/legal guardian of the student(s) named below to execute this agreement on their behalf.

Student Name _____ Date of Birth ____/____/____

2. I acknowledge and understand that there are risks associated with transportation in cars or vans or any type of vehicles including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or decease.
3. I, for myself and the student(s) named, willingly assume the risks associated with transportation and accept that there are also risks may arise due to OTHER VECHICLES which I also willingly assume.
4. I agree that the student(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for transportation provided by Sunshine.
5. I, for myself, the student(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, and indemnify the independent owner of this Sunshine facility, Sunshine Group in NY Inc., their predecessors, parent, subsidiaries, and affiliates, officers, and employees from any and all injuries, liabilities or damages, from transportation.
6. I additionally agree to indemnify the independent owner of this Sunshine facility, Sunshine Group in NY Inc., their predecessors, parent, subsidiaries, and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from transportation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Student Parent / Legal Guardian: **Print Name**

Student Parent / Legal Guardian: **Signature**

Date

Emergency Contact Phone(s): () _____ - _____ or () _____ - _____