



UNACCOMPANIED MINOR PARENTAL CONSENT

Phone / (800) 933-8320
 Fax / (435) 628-9779
 E-mail / Info@stgshuttle.com
 Address / 790 South Bluff Street
 Saint George, UT 84770

MINOR INFORMATION

(St. George Shuttle defines a minor as any passenger 12-17 years old)

Last Name	First Name	Age	Sex	Phone Number (if applicable)

SHUTTLE INFORMATION

Shuttle Time	Date	Departure	Destination	Confirmation #

Initial

I authorize St. George Shuttle to keep this consent on file for all future transportation of the minor(s) listed.

RESPONSIBLE PARTY INFORMATION (DEPARTURE)

Name
Address
Phone Number

RESPONSIBLE PARTY INFORMATION (ARRIVAL)

Name
Address
Phone Number

Initial

1. I confirm that I have arranged for the above mentioned minor to travel unaccompanied on the St. George Shuttle and to be met upon arrival by the persons named.

2. Should the minor not be met as stated above, I authorize the Driver to take whatever action they consider necessary to ensure the minor's safe custody including return of the minor to the departure destination, and I agree to reimburse St. George Shuttle for the return fare and necessary costs and any other expenses incurred by them taking such action.

3. I am the designated parent or guardian of the above-mentioned minor and agree to and request the unaccompanied transportation of the minor named above and certify that the information provided is accurate.

4. I do also hereby waive any liability on the part of St. George Shuttle and/or its employees for emergency medical care, should such be required.

Please read the information above before signing.

Signature	Date
Printed Name	Relationship to Minor