PERMISSION FÖR ONE COVERED ADULT TO TRANSPORT MINOR

Program Information ("Program")	Participant Information ("Participant")
Program Name: Date(s):	Participant Name:
Location(s):	City. State. Zip Code:
	Address:
The University of Tennessee, Chattanooga's pol University unit states as follows:	licy with respect to the programs for minors sponsored by a
and Risk Management Officer or the r not transport a minor who is not his/	s specifically authorized in writing by the Chief Safety ninor's parent or legal guardian, a Covered Adult shall her own child without another Covered Adult being not his/her own child using his/her personal vehicle, om the Covered Program.
I am the parent or legal guardian of Participant, sign this document.	, who is under eighteen (18) years of age. I am fully competent to
	, I hereby give permission for the University of Tennessee, y one (1) Covered Adult being present during the Program.
Signature of Participant's Parent or Legal Guardian:	
Printed Name of Participant's Parent or Legardian:	
Date:	