



**Consent Letter for Youth Travelling with RIDE WELL™**

To whom it may concern,

I / We, \_\_\_\_\_  
full name(s) of parent(s) / person(s) / organization giving consent  
Address: \_\_\_\_\_  
street address, city  
\_\_\_\_\_   
province/state, country  
Telephone and email: \_\_\_\_\_  
telephone \_\_\_\_\_ email \_\_\_\_\_

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

**Information about travelling child**

Name: \_\_\_\_\_  
child's full name  
Date and place of birth: \_\_\_\_\_  
dd/mm/yyyy \_\_\_\_\_ city, province/territory  
Issuing authority of birth certificate \_\_\_\_\_  
province / territory where birth certificate was issued

**Information about accompanying person (leave blank if child is travelling alone)**

This minor has my / our consent to travel alone  or  
This minor has my / our consent to travel with

Name: \_\_\_\_\_  
full name of accompanying person  
Relationship to child: \_\_\_\_\_  
mother, father, grandparent, sister, brother, relative, friend, other

**Declaration of Consent**

I / We give our consent for this minor to travel with RIDE WELL™ services to any address within the County of Wellington and the City of Guelph:

**ACKNOWLEDGMENT AND INDEMNITY**

I /We acknowledge that allowing the minor to use RIDE WELL™ is at my own risk.

I/We confirm that The Corporation of the County of Wellington is not responsible for the actions or inactions of the RIDE WELL™ Driver and/or service provider and that you are solely responsible for any and all losses and damages, directly or indirectly, arising from the grant of consent herein and will undertake to indemnify the County of Wellington from all such losses and damages.

**Signature(s) of person(s) giving consent**

**Signature of Consented**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
signature(s) of person(s) giving consent

\_\_\_\_\_  
signature of consented

\_\_\_\_\_  
dd/mm/yyyy

\_\_\_\_\_  
dd/mm/yyyy \_\_\_\_\_  
city, province/territory

**RETURN INSTRUCTIONS:**

Please sign, date and send completed form to [ecdev@wellington.ca](mailto:ecdev@wellington.ca).

Forms must also be presented to the driver before entering the vehicle.