



Start Date: _____/_____/_____
End Date: _____/_____/_____

MINOR

Driver Authorization Pass Request and Release/Hold Harmless – MINOR

Driver Name _____ Emp # _____ Truck # _____

Minor Passenger Name _____ Age _____ Relationship to Driver _____

EACH OF MINOR’S PARENTS/GUARDIANS MUST CAREFULLY READ, COMPLETE, AND SIGN BELOW

I request permission for my above named minor dependent (“Minor”) to accompany the above named driver of Melton Truck Lines, Inc. (“Melton”), and I consent to any medical treatment or care for any symptom or condition, for whatever cause, which may arise in connection with such travel. **In case of emergency, please attempt to contact the following:**

Name _____ Phone Number _____ Relationship _____

I understand this form is not a “rider pass,” and that this form must be properly completed and reviewed by Melton’s Safety Department before any rider pass will be issued. I know rider passes must be renewed each year and must be carried in the truck at all times while Minor is on the truck. I understand that if Minor’s rider pass expires or is cancelled for any reason, or upon Minor reaching 18 years of age, Minor cannot ride again unless and until Melton issues a new rider pass. I understand and agree that Melton can deny or withdraw rider permission at any time in its sole discretion, and that any rider permission Melton grants is conditioned on my release, indemnity and hold harmless agreement below. In consideration of, and to induce Melton to consider granting Minor a rider pass and allowing Minor to ride in a Melton truck, for myself and my heirs, successors and all other persons claiming by or through me, I fully indemnify and hold harmless (and to the extent permitted by law, also release) Melton and its agents, contractors and employees (collectively “Indemnitees”), from all cost and liability whatsoever regarding any death or injury Minor may sustain on or off of the truck, even if such death, injury or liability was caused or contributed to by Indemnitees’ negligence or fault or by the condition of any Melton equipment or property. I know the dangers of truck and highway travel, truck stops and loading areas; and of the possibility of accidents, injuries and death—including those wholly or partially caused by the fault of the Indemnitees. I acknowledge that Melton is relying on this indemnity/hold harmless/release, and that Melton will not grant Minor a rider pass without it and without the rider insurance authorized in the next section below. I intend for this indemnity/hold harmless/release to be fully enforced and to survive any termination or expiration of any rider pass which may be granted, and agree that I (and all persons claiming by or under me) shall be stopped from denying or contesting its validity. **I UNDERSTAND THIS IS AN INDEMNITY, HOLD HARMLESS AND RELEASE AGREEMENT.**

If a customer refuses to allow a passenger access to its facility, the driver is solely responsible for the welfare or care of said passenger off the truck. Please check your load information and contact your Driver Manager for questions and procedures for these issues. Although we will try to accommodate our employees, we are not responsible to get passengers home or to another location. If you require assistance finding alternative transportation, please contact your Driver Manager.

Parent/Guardian’s Printed Name & Relationship Parent/Guardian’s Signature Phone Number

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Rider Insurance and Premium Deduction Authorization

Driver authorizes Melton to deduct the monthly charge (currently \$16.30, subject to change) for Minor’s coverage under Melton’s Rider Accident Insurance Policy for each month a rider pass is valid for Minor. Coverage terms, limits and conditions are stated in the policy, which is available on request from Melton’s Safety Department.

Effective Start Date: _____ Effective End Date: _____

Parent/Guardian’s Printed Name & Relationship Driver’s Signature Social Security Number

This form must be notarized unless it is completed in person and properly witnessed at Melton Truck Lines, Inc.

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 200____, before me, a Notary Public in and for the state and county aforesaid, personally appeared _____ of legal age, to me known as the person described in and who executed the foregoing release, and acknowledged that he/she executed the same as his/her free act and deed.

SUBSCRIBED AND SWORN TO before me on the date and year written above.

Notary Public My Commission Expires OR Melton Truck Lines Representative Signature and Date

****NO PASSENGER PASS WILL BE ISSUED UNLESS THIS FORM IS RETURNED WITH A COPY OF PASSENGER ID. (Adults-D. License or State issued ID/ Minors-Birth Certificate) ****