



Special Needs / Unaccompanied Minor Release Form

Minor's Name: _____ Date of Birth: _____

A release form is required for all passengers between 12 and 15 years of age that are traveling unaccompanied, and any other passenger with special needs. (Passengers under the age of 12 cannot travel unaccompanied.) Please complete this form, fax it to 360-380-1538 or mail a copy of the form to 1416 Whitehorn Street, Ferndale, WA 98248. We need a hard copy on file for our company records. Bring a copy of the form with you when you drop off your passenger.

ONE-WAY FORM

Passenger: _____ Date of Travel: _____
Reservation #: _____ Or valid until date: _____
Departure Location: _____ Departure Time: _____
Destination: _____ Arrival Time: _____

Authorization:

_____ Option #1 Passenger will be getting OFF bus by themselves.

My Minor/ Special Needs passengers will be getting off the bus by him/her self at _____ Destination

WIC does not assume any other responsibility for this unaccompanied Minor / Special needs passenger traveling with us, after providing service between Pick-up AND Drop off locations. Parent / Guardian assumes full liability for this passenger.

I _____ guardian of _____ (Name of Minor/ Special Needs passenger)
do hereby give the Airporter Shuttle/Bellair Charters authorization, to provide ground transportations to _____ Destination

Parent/Guardian: _____ Phone: _____ Cell: _____
(Please Print)
Address: _____ City: _____ State: _____
Signature _____ Date: _____
Parent/ Guardian

Authorization:

_____ Option #2 Minor/ Special Needs passenger will be met.

My Minor/ Special needs passenger will be met at _____ by _____ Specific Destination

(Print Please) Pick-up Party _____

_____ #ID _____
Pick-up Party Signature Date/Time Picture ID required

Phone Number: _____ Cell: _____

I understand that if the Passenger/Minor is not met on time, there will be a charge of \$75.00 per hour, billed in 15-minute increments.

I _____ guardian of _____ (Name of Minor/ Special Needs passenger)
do hereby give the Airporter Shuttle/Bellair Charters Authorization, to provide ground transportation to _____ Specific Destination

Please Print: Parent /Guardian's Name, Phone, Date
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Signature: _____ Phone: _____ Date: _____

Passengers Return Date: _____ Another separate form will be needed for their return.

Notes/Special Needs: _____

Airporter Shuttle departs SeaTac Airport on the lower level at the end of baggage claim, outside Door 00.