

**WAKE COUNTY HUMAN SERVICES BEST FRIENDS
VOLUNTEER TRAVEL FORM**

Date of Travel: _____

Destination: _____

Departure Time: _____

Return Time: _____

RELEASE STATEMENT

I, _____, agree not to hold Wake County Human Services or its employees responsible in the case of an accident or emergency during the travel period _____. I will be responsible for any injury/damages/costs incurred.

Signature _____ Date _____

Print Name _____