

ALLIANCE PROGRAM – Transportation Service
TRANSPORTATION SERVICES WAIVER AND RELEASE

Please read this form carefully and be aware that in consideration for the Connections for Families Transportation Services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that Connections for Families/Elbert County IOG is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against Connections for Families/Elbert County IOG, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as “Party”).

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services.

I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant’s Name

Participant’s signature

(18 Years or Guardian)

Date_____

PARTICIPATION WILL BE DENIED

If the signature of adult participant or guardian and date are not on this waiver.

Return all forms need to be returned to: pattyann.maher@connections4families.org

