

Disclaimers
<i>Connect Plus Therapy (CPT) employees may transport clients in a company owned, or their own, vehicle if the parent/guardian has signed the Transportation Release and Waiver of Liability Agreement.</i>
<i>CPT places great emphasis on safe operation of all vehicles, including personally owned vehicles operated by employees.</i>
<i>CPT employees must adhere to the requirements indicated below and sign this agreement before transporting a client.</i>
<i>CPT employees are not permitted to have any other individuals in the vehicle (besides other CPT employees) while transporting a client.</i>
<i>CPT employees will release the client only to a parent/guardian or authorized caregiver after transportation.</i>
<i>CPT prohibits employees from operating the vehicle while under the influence of alcohol or drugs.</i>
<i>CPT prohibits the use of a vehicle in a negligent or improper manner, or in violation of any law, or of this agreement.</i>
<i>CPT does not furnish insurance for the protection of the employee if any claims or suits are made against the employee arising out of his or her operation of a personally owned vehicle.</i>
<i>CPT does not furnish insurance for repairs of damage that may occur to the employee's personally owned vehicle.</i>

Requirements
A valid driver's license, personal insurance and car registration.
Defensive driving.
Vehicle must be clean inside and out. The windshield must be kept clean and free of any obstructions.
The driver and all passengers must wear seat belts.
Clients must be in the appropriate car seat/booster seat when needed.
All traffic laws must be obeyed, including (but not limited to) maintaining proper distance between cars, adhering to speed limits under any circumstances and following parking regulations.
Deficiencies must be reported immediately.



Employee Client Transportation Acknowledgement

Acknowledgment			
<p><i>I acknowledge that I have reviewed and agree to the disclaimers and requirements of the Employee Client Transportation Acknowledgement. I confirm that I indemnify CPT against all claims, losses, damages, and expenses, including legal fees, which may incur as the result of the use of my personally owned vehicle.</i></p>			
Employee Name (Print):			
Employee Signature:		Date:	
Driver's License #		Expiration Date	
Employee Vehicle License plate # & State:			

Received By (Print Name):		Date:
Received By Signatures:		