

Disclaimers
<i>Complimentary local transportation is provided by Connect Plus Therapy (CPT) to clients based on need and upon request and can only be provided if this agreement is agreed upon and signed.</i>
Acknowledgments
Transportation shall not be used for any purpose other than complimentary, local transportation to the CPT offices for treatment and services.
No passenger will have any illicit substances or contraband items on their person or in their belongings and it is understood that if any of the above are found, I may be legally responsible for any consequences resulting thereof and will forfeit my appointment, and any transportation services in connection therewith, to CPT.
It is understood that there is an inherent danger in connection with using Transportation and I agree to assume the full risk of, and complete responsibility for, any and all personal injury, health issues, or medical problems that I or my child may experience in connection with, or as a result of, using the Transportation, regardless of whether such personal injury, health issues or medical problems resulting from the negligent or grossly negligent actions of the CPT and/or its employees, agents or representatives.
I agree that neither I nor my family members, heirs, legal representatives, or assigns will make any claim against, sue, or prosecute CPT or any of its parents, subsidiaries, or affiliated organizations, their officers, directors, members, shareholders, employees, independent contractors, representatives or agents, in connection with any property damage, personal injury, health issues, or medical problems that may be experienced in connection with using the Transportation.
On behalf of myself, and my family members, heirs, legal representatives and assigns, I hereby release and forever discharge CPT and all of its parents, subsidiaries or affiliated organizations, and their officers, directors, members, shareholders, employees, independent contractors, representatives or agents, from all actions, claims, causes of actions or demands that I, or we, may now or in the future have in connection with any property damage, personal injury, health issues and/or medical problems that me or my child may experience in connection with using the Transportation.
If any accident should occur during the transportation process to or from CPT, CPT has permission to use the insurance policy of the client to cover all the medical expenses from the accident.
If any clause(s) or parts of this contract are unclear, or contradictory it is the responsibility of the parent to clarify them in advance. If the parent fails to do such, the interpretation of CPT is final.
I agree that the courts shall have exclusive jurisdiction with regard to any cause of action that may arise under this Release and Waiver of Liability Agreement and that the laws, without regard for its choice of law principles, shall apply in any such action. I understand, acknowledge, and agree that this Release and Waiver of Liability Agreement is intended to be as broad and inclusive as permitted by the laws and that if any portion of this Release and Waiver of Liability Agreement is held to be invalid by a court of competent jurisdiction, legislature or regulatory authority, it is agreed that the balance shall continue in full legal force and effect.



Transportation Release and Waiver of Liability Agreement

Signature	
<p><i>I confirm that I reviewed and agree to the listed Transportation Release and Waiver of Liability agreement disclaimers and acknowledgements and have been given the opportunity to discuss any issues and received any needed clarification from a CPT representative. I confirm that I voluntarily signed this agreement.</i></p>	
Client Name (Print):	
Parent/Guardian Name (Print):	
Parent/Guardian Signature:	
Date (mm/dd/yyyy):	