

Consent to Transport Waiver and Release of All Claims

This form is to be filled out and signed by the person, or their legal representative, being transported by the South Strand Assembly of God Care Team (aka SSAG Care Team).

Please Print Clearly:

Person to be transported: First Name: _____ Last Name: _____ Date: _____

Home Address: _____ City: _____ State: ____ Zip-code: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Emergency Contact:

First Name: _____ Last Name: _____ Relationship: _____ Phone: _____

Transportation Waiver and Release

I give my consent for _____ to be transported to _____ by a representative of the SSAG Care Team, and I will assume all liability and any injury that may result during the transport.

Furthermore, by signing below:

1. I will not hold SSAG, its officers, agents, employees, assigns, or anyone acting on its behalf, responsible or liable for **injury** occurring to the person(s) named above, in the course of such transportation or travel.
2. I hereby accept financial responsibility for any personal items lost by any person(s) being transported.
3. I authorized SSAG, to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for any person(s) in the course of such travel, and agree to accept the cost of transportation and or treatment by medical personnel or facility.

Signature of person being transported, or their representative: _____ Date: _____