



Consent and Release of Liability

1. I, _____ residing at _____ (Address) hereby affirm that I am the legal guardian of (Name of minor) _____.
2. _____ (Name of minor) is _____ years old. His/her birth date is _____.
3. I consent to _____ (Name of minor) riding with any transportation under Contract to Modivcare, Inc. in connection with his/her transportation for non-emergency medical services.
4. By giving this consent and release of liability, I hereby represent that _____ is fully capable of being transported without an adult escort; will not be disruptive; will follow all rules communicated by the driver, and does not need an escort to provide emotional or any other type of support.
5. I understand that if any of the factors set forth in paragraph 4, above, cease to apply, then Modivcare will no longer transport the minor without an escort.
6. I agree to inform Modivcare within 48 hours if for any reason I cease being the legal guardian of _____ and to inform Modivcare of the name and address of the new legal guardian.

In consideration of Modivcare's agreement to transportation of the minor without an escort, I hereby release Modivcare and its employees, officers, agents and subcontractors from any and all liability, causes of actions or claims in connection with his/her transportation by Modivcare and its subcontractors.

SIGNATURE OF GUARDIAN _____ DATE _____

PRINTED NAME OF GUARDIAN _____

NAME OF MINOR FOR WHOM CONSENT APPLIES _____

Please fax form back to: 866-402-0522

FOR INTERNAL USE:

DATE RECEIVED BY MODIVCARE

MODIVCARE STAFF MEMBER
