



### Transportation Release and Waiver of Liability

Instructions: This form is to be completed by the parent and/or guardian of the child that wishes to receive transportation from an Exceptional Expectations provider. This form must be completed and submitted to the administrative staff before transportation of a client can begin.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ am requesting and granting permission to my child's habilitation and/or respite provider, \_\_\_\_\_, to transport my child in their own personal vehicle, and thus granting the designated provider permission to service my child off campus grounds and out of their home.

I have discussed with my child that:

1. They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt at all times while traveling.
2. They are expected to respect each other, the vehicles they ride in, and the people they travel with;
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
4. They are to remain in their seats and not be disruptive to the driver of the vehicle.

I agree to hold Exceptional Expectations, L.L.C., owners, employees and my child's provider harmless in the event of injury to my child, including any property damage, any and all costs, claims and liabilities of any kind during the duration when my child is being transported in the vehicle of my child's provider.

In addition, I agree not to assert against Exceptional Expectations, L.L.C., all current, former and future employees, their heirs, administrators, executors, and successors, in any court of law any claims that my child had, now have or may have in the future, whether known or unknown, based on any injuries sustained by my child while being transported in the vehicle of the designated provider.

I understand that my signing of this transportation release and waiver is solely voluntary. *In the event that I choose not to sign this release and waiver, I understand that my child will not be eligible to receive transportation provided by any Exceptional Expectations providers.*

I have read the above agreement and voluntarily sign the transportation release and waiver of liability, and further agree that no oral presentations, statements or inducements apart from the foregoing written agreement have been made.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_