



### CONSENT AND RELEASE OF LIABILITY

Please Fax Form Back To: 800-597-2091

- I, \_\_\_\_\_ residing at \_\_\_\_\_ (address) hereby affirm that I am the legal guardian of (name of minor) \_\_\_\_\_.
- (name of minor) is \_\_\_\_\_ years old. His/her birth date is \_\_\_\_\_.
- I consent to \_\_\_\_\_ (name of minor) riding with any transportation provider under contract with Modivcare, in connection with his/her transportation for non-emergency medical services.
- By giving this consent and release of liability, I hereby represent that \_\_\_\_\_ (name of minor) 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.
- 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.
- 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

**FOR INTERNAL USE:**

\_\_\_\_\_  
DATE RECEIVED BY LOGISTICARE

\_\_\_\_\_  
LOGISTICARE STAFF MEMBER