



CONSENT AND RELEASE OF LIABILITY

Please Fax Form To: 877-813-5599

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 ____ .

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 am no longer the legal guardian of (name of minor) and to inform Modivcare of the name and address of the new legal guardian.

In consideration of Modivcare's agreement to transport the minor without an escort, I hereby release Modivcare and its employees, officers, agents, and subcontractors from any and all liability, causes of action, 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 Modivcare

Modivcare Staff Member