

TRANSPORTATION LIABILITY WAIVER

I, _____ (name of the Client or the Responsible Party), hereby authorize and request that _____ (name of caregiver) transport the Client with the use of the Client's car or a vehicle provided by or for the Client. Caregivers are not authorized to transport the Client in a caregiver's car except in extreme circumstances affecting the Client's safety or welfare.

The Home Option performs a motor vehicle history check on all licensed drivers employed by The Home Option, but does not perform safety inspections and does not verify proper insurance or registration.

If the Client chooses to be transported in a caregiver's car, then the Client assumes the risk of doing so.

By signing below, I acknowledge that driving is an inherently risky activity that could result in severe injury or death. I acknowledge that I am responsible for my automobile insurance during any times that an employee of The Home Option is using my vehicle or a vehicle that I supply. I agree that The Home Option shall not be held liable in the event of any accident causing damage to vehicles, other property damage, or personal injury to anyone involved in an accident.

Printed Name: _____

Signature: _____ (Client or Responsible Party)

Date: _____

Witness to Signature: _____

Insurance Carrier: _____

Policy Number/Expiration Date: _____