



I hereby grant permission for The C. W. Williams Community Health Center, Inc. (CWWCHC) and its authorized representative(s) to provide non-emergency patient transportation services for myself and/or my minor child for whom I have legal guardianship.

I assume all risks and hazards incidental to the activities normally associated with non-emergency patient transportation. I further release, absolve, indemnify, and hold harmless CWWCHC and its authorized transportation representative(s). In case of injury, I hereby waive all claims against CWWCHC and its authorized representative(s), and I likewise release from responsibility all person(s) transporting me and/or my minor child to/from scheduled appointments.

I further consent to the rendering of emergency medical treatment for myself and/or my minor child as deemed necessary by CWWCHC and its authorized representative(s). If the injury or illness is life threatening or in need of emergency treatment, I authorize CWWCHC and its authorized representative(s) to summon any and all professional emergency personnel to transport, and assure the referral to hospital medical treatment by licensed professionals as needed. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of CWWCHC and its authorized representative(s) in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

In addition, I hold CWWCHC and its authorized representative(s) harmless for any lost personal items. I also understand that I and/or my minor child may be denied transportation services if CWWCHC and/or its authorized representative(s) deem my behavior or that of my minor child inappropriate or unsafe to themselves, the driver, and/or other passengers.

I have read this form and certify that I understand and agree to its contents.

Note: **Additional adult passengers must also sign this consent/waiver form.** Please provide email address

for additional adult passenger here: _____

Signed this _____ day of , 20____.

This authorization is effective through ____/____/____.

Printed Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____

Printed Name of Witness: _____

Witness Signature: _____