



Staff Transport Release

I, _____, (resident name), understand that due to a lack of my own personal transportation, I may request transportation, from time to time, from an employee of HOMTC.

I hereby indemnify HOMTC and their staff from all damage or injury caused to me or others when I willingly accepted transportation to or from any location or event, whether HOMTC related or not.

Resident Signature Date

Staff Signature Date