Acknowledgment of Understanding Terms and Conditions

By booking a service provided by Hyvelynk, hereinafter referred to as the "Provider," the undersigned customer, referred to as the "Customer," hereby acknowledges that they have read, understood, and agreed to the terms and conditions outlined in this agreement.

The Customer acknowledges that they have had the opportunity to review the complete set of terms and conditions governing the service they are booking. They understand that the terms and conditions include, but are not limited to, payment terms, cancellation policies, liability limitations, and other relevant provisions that define the rights and responsibilities of both the Customer and the Provider.

The Customer acknowledges that they are entering into this agreement willingly and voluntarily, and they understand that their compliance with the terms and conditions is essential to the successful execution of the service. The Customer further acknowledges that any breach of the terms and conditions may lead to actions outlined within the agreement, including potential penalties or termination of services.

By booking the service and engaging in a business transaction with the Provider, the Customer affirms their understanding of the terms and conditions specified in this agreement. The Customer accepts full responsibility for adhering to these terms and conditions throughout the duration of the service.

This acknowledgment is a fundamental element of the agreement between the Customer and the Provider, and it demonstrates the Customer's commitment to a transparent and mutually beneficial business relationship.

Customer's Full Name.
Customer's Signature:
Date:

	Customer	Information		
1. Child Information:				
- Full name of the child				
- Date of birth				
				_
-Name of School / Institution				
-Grade Level				
Any allorgies or modical conditions	the child has			_
- Any allergies or medical conditions	the child has		T	
- Special needs or accommodations	required			
2. Parent/Guardian Information:				
- Full name of parent/guardian				
		<u> </u>		
Dolotionship to shild				_
-Relationship to child		T		
- Contact phone numbers (primary a	and secondary)			
- Email address				
- Home address				
	-		-	-
Emergency contact information (ot	ther than parent/guardia	 an)		
Authorization for signing and disc	off by dosing to distribute	duals (if amplicable)		_
- Authorization for pickup and drop-	on by designated individ	uuais (ii appiicabie)		

ickup location(s)				
Orop-off location(s)		1		
. Regular schedule (days an				46. 6
School Day	AM	PM	Before Care	After Care
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
School Day	AM	PM	Before Care	After Care
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
School Day	AM	PM	Before Care	After Care
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
. Medical Information:				
Emergency medical contact	t information			
Any necessary medication of	or medical devices the	child may need durir	ng transportation	

. Emergency Procedures:	
Any specific instructions or protocols to follow in case of emergencies	
Allergies or sensitivities the child has, if any	
. Privacy and Consent:	
Consent for the transportation service to use the provided information for the purpose of providing transp	ortation
ervices	
Consent to adhere to terms and conditions, including safety and behavior guidelines	

Consent and Authorization
I, the undersigned parent/guardian, hereby give my consent for my child,[Child's Full
Name], to utilize the transportation services provided by Hyvelynk. I understand and agree to the terms and conditions of
the transportation services, including adherence to safety measures, behavioral guidelines, and emergency procedures.
I acknowledge that I have reviewed and understood the information provided on the transportation services, including the safety measures, route details, and service guidelines.
I grant permission for my child to be transported to and from school and other designated locations as outlined in the
transportation schedule. I understand that Hyvelynk will take all necessary precautions to ensure the safety and well-being
of my child during transportation.
I further agree to promptly inform Hyvelynk of any changes to my child's medical condition, contact information, or other
relevant details.
I release and discharge Hyvelynk, its employees, and affiliates from any liability arising from the transportation of my child
to and from designated locations.
Customer Full Name:
Customer Signature:

Date:

Customer Waiver:		

1. Assumption of Risk and Responsibility:
I, (Customer's Full Name), hereby acknowledge that I have voluntarily enrolled
my child,(Child's Full Name), for transportation services provided by Hyvelynk. I
understand that transportation involves inherent risks, including, but not limited to, the risk of accidents, injury, or
unforeseen incidents. I acknowledge that the transportation service involves the possibility of exposure to risks that may
arise from various factors, including traffic conditions, weather conditions, or the actions of other road users.
2. Compliance with Safety Guidelines:
I acknowledge that I have received and reviewed the safety guidelines provided by Hyvelynk, which include proper
seating, seatbelt usage, and behavior guidelines for my child during transportation. I understand that adherence to these
safety guidelines is essential to ensuring the safety and well-being of all passengers.
3. Waiver of Liability:
In consideration of my child's participation in the transportation service, I hereby waive any claims or liability against
Hyvelynk, its employees, agents, drivers, contractors, or representatives for any personal injury, loss, or damage that may
arise during the transportation service, except in cases of gross negligence or intentional misconduct.
4. Indemnification:
I agree to indemnify and hold harmless Hyvelynk, its employees, agents, drivers, contractors, or representatives from an
claims, damages, liabilities, or expenses, including legal fees, arising from my child's participation in the transportation
service, except in cases of gross negligence or intentional misconduct.
5. Emergency Medical Treatment:
I authorize Hyvelynk to seek and obtain medical treatment and emergency medical services for my child in the event of
any medical emergencies that may occur during transportation. I understand that Hyvelynk will make every effort to
notify me or my designated emergency contacts promptly in such situations.
6. Personal Belongings:
I understand that Hyvelynk is not liable for any loss or damage to personal belongings, including bags, backpacks, or
personal items, brought on board the transportation vehicle.
7. Compliance with Regulations:
I acknowledge that Hyvelynk complies with all applicable laws, regulations, and safety standards governing
transportation services in the local jurisdiction.
8. Agreement to Terms:
By signing this waiver, I confirm that I have read, understood, and agree to the terms and conditions set forth in this
Customer Waiver. I voluntarily and knowingly assume all risks associated with my child's participation in the
transportation service provided by Hyvelynk.
Customer's Signature
Customer's Full Name

Date of Signature