

LIABILITY RELEASE WAIVER

I, _____ (*client or SDM*), understand that Valley Prime Caregivers Accessible Shuttle (VPCAS) will provide transportation for _____ (*client*). VPCAS drivers are operators of motor vehicles and do not have medical training. Any assistance from a VPCS driver is limited to their First Aid/CPR training. Should a nursing attendant be required, it is my responsibility to arrange for it.

I agree not to hold Valley Prime Caregivers Accessible Shuttle responsible if the client or any companion is injured while in transit or when receiving assistance from a VPCAS driver, employee, or volunteer. This waiver releases Valley Prime Caregivers Accessible Shuttle from all liability for personal injuries connected with their services. Additionally, I release them from responsibility for any damage or loss to personal belongings or equipment during transportation by VPCAS.

Furthermore, I agree to adhere to all rules and regulations established by Valley Prime Caregivers Accessible Shuttle and its affiliates.

Client/Legal Guardian Signature

Date