

GC SHUTTLE, LLC
PO Box 316, Long Beach. MS 39560

School Transportation - Monthly Billing Information

By signing below I understand and agree that:

1. The monthly Transportation fee of \$25 per child will be charged to the credit/debit card listed below on the first day of each month. If at any time my account information changes, I will provide GC Shuttle LLC with the updated information as soon as possible.
2. Transportation will be charged to the credit/debit card listed below on the first day of the same month that the transport will be provided.
3. If the first day of the month falls on a bank holiday or banks are closed, GC Shuttle will process the charge on the previous business day.
4. If the charge is declined, GC Shuttle will attempt two more times within the first week of the month. If the payment continues to decline, there will be an envelope left for me to pick up from KidFit for updated card information or payment by cash that I will return to KidFit within 2 days.
5. If payment is not received by GC Shuttle by the 15th of the month, I will need to arrange alternative transportation for my child/ren from school to KidFit.
6. GC Shuttle LLC has the right to decline transport if payment is not received.

Parent/ Guardian Name: _____ Signature: _____

Cell Phone: _____ Email:(PRINT) _____

Child(ren) Name(s) (PRINT): _____

Credit/ Debit Card Authorization Form

WRITE CLEARLY & COMPLETE ALL FIELDS.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until end of this school year.

Type of Card: ___MasterCard ___Visa ___Discover ___AMEX ___Other: _____

Credit/ Debit Card Account Information:

Cardholder Name:(PRINT as shown on card) _____

Card Number: _____ Expiration: ____/____ CVC: _____ Billing Zip:_____

I, *(print name)* _____ authorize GC SHUTTLE LLC to charge my credit/debit card above \$25 per child per month as outlined above. I understand that my information will be saved to file for future transactions on my account.

Account Holder's Signature: _____ Date: _____

Office Use Only:

Approved: YES NO & Action needed: _____ **TOTAL MONTHLY: \$** _____

GC SHUTTLE, LLC
PO Box 316, Long Beach. MS 39560

Waiver of Liability and Hold Harmless Transportation Agreement

Please sign, date, and return this form to GC SHUTTLE, LLC services.

Transportation will only be provided after this signed form and payment is received and approved by GC Shuttle LLC.

-
1. I hereby **release, waive, discharge and covenant not to sue GC Shuttle LLC**, the Board and its individual members, officers, agents, servants, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my minor child(ren), or any of the property belonging to me or my minor child(ren), as result of, or in any way arising out of me or my child(ren) traveling in vehicles owned or operated by GC Shuttle LLC.

Initial here: _____

2. I **voluntarily assume full responsibility for any risks of loss.**
3. I further hereby **agree to indemnify and hold harmless the releasees** from any loss, liability, damage, or costs due to me or my minor child(ren) traveling in a vehicle or vehicles owned or operated by GC Shuttle LLC.
4. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed and enforced in accordance with the laws of the state of Mississippi.
5. **In signing this release, I acknowledge and represent that** I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed.

Following must be fully completed & signed by parent/guardian prior to transportation.

PARENT/GUARDIAN NAME (print clearly): _____

SIGNATURE: _____ DATE: _____ TIME: _____

PRINTED NAME(S) OF MINOR CHILD(REN) TRAVELLING WITH GC SHUTTLE LLC:

