



Intake Staff Only

State: _____

Chapter: _____

Case #: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I, _____, hereby give Bikers Against Abuse and its designated agent(s) permission to transport me and/or my child(ren) for secure medical treatment, including ambulatory service, for me and/or my child(ren) in the event of a medical emergency. I further agree that I will be responsible for any cost incurred as a result of securing and/or providing such emergency treatment, and release Bikers Against Abuse of any liability in such situation.

Client signature: _____ Date _____

Advocates signature: _____ Date _____

PARTICIPANT RELEASES AND AGREEMENTS

I, _____ hereby acknowledge that I am freely entering into this agreement of assistance with the Bikers Against Abuse organization. In signing this document, I understand that all actions and information given to Bikers Against Abuse will be used in the assisting of my case in any way that is needed for the safety of my self and my child(ren).

Participant: _____ Date: _____

Advocate: _____ Date: _____

ALCOHOL AND/OR ILLICIT DRUG USE

I agree to abstain from the use of alcohol and illicit drugs while under the care, protection, and case load of Bikers Against Abuse. I further understand that should I not abide by the above statement; my case will be dismissed.

Client signature: _____ Date _____

Advocates signature: _____ Date _____