

**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.

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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 signed by parent/guardian if age under eighteen***

PARENT/GUARDIAN NAME (print clearly): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

**Monthly Billing Information**

By signing below I understand and agree that:

1. The monthly Transportation fee of \$25 per child will be drafted the first day of each month from the account information provided below. 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 drafted the first day of the same month that the transport will be provided.
3. If first day of the month falls on a bank holiday or banks are closed, GC Shuttle will process the draft on the previous business day.
4. There is a **\$25.00 NSF fee** on Transport payments that have been returned or declined. The Transport and NSF fee must be paid by cash no later than the 5<sup>th</sup> of the month if the draft is returned.
5. GC Shuttle LLC has the right to decline transport if payment is not received.

Parent/ Guardian Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren) Name(s) (PRINT):  
\_\_\_\_\_  
\_\_\_\_\_

**Credit/ Debit Card Information - PLEASE WRITE CLEARLY**

Type of Card - Credit: \_\_\_\_\_ Debit: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

*By signing below I agree for GC Shuttle LLC to draft this card \$25 per child per month as outlined above.*

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Approved by GC Shuttle LLC:  YES Date: \_\_\_\_\_  NO Date: \_\_\_\_\_

Action needed if NO: \_\_\_\_\_

TOTAL TO BE DRAFTED MONTHLY: \$ \_\_\_\_\_