



FACILITY TRANSPORTATION

_____ is supportive of Residents by offering, based on availability at an additional charge to be determined prior to, the service of transporting a Resident to a specialist appointment, outside function, return from hospitalization etc.

Should a Resident or their legal guardian/POA provide permission for us to transport in personal vehicles or via transport company, the Resident do so at their own risk.

If Resident is injured in any fashion from a vehicle accident, you agree to hold harmless from all liability the Facility and its employees, volunteers, managers, owners, and agents.

Resident Signature

Date

Responsible Party Resident Signature

Date

Manager's Signature (or Authorized)

Date