HIVCareLink

Transportation Waiver and Release

The undersigned wishes to participate in the transportation assistance program of HIV Care Link fully understanding the inherent risks involved including, but not limited to, those related to automobile travel and knowingly accepting all risks involved. For myself, my heirs and my legal representatives, I hereby release, indemnify and agree to hold harmless HIV Care Link, its officers, directors, representatives, employees, agents, volunteers, participants and sponsors of and from any and all losses, costs, damages, claims, demands, rights and causes of action of whatever kind and nature, including, without limitation, reasonable attorneys' fees, and including, without limitation, any and all negligence claims or other causes of action related to or resulting from illness, personal injuries, property damage, death or of any other damages or injuries, occurring during, as a result of, or arising from participation in the transportation assistance program and the services provided thereby.

In further consideration of my being granted the right to participate in the transportation assistance program, I do hereby consent to and authorize HIV Care Link, its officers, directors, representatives, employees, agents, volunteers, participants and sponsors to obtain emergency medical treatment for me in the case of any illness or injury resulting from or occurring during my participation in the transportation assistance program. I understand and accept that any medical costs incurred with respect to emergency medical treatment will be solely my responsibility.

I am of legal age and fully competent, have read this Waiver and Release and fully understand it and, if not of legal age, that my parent or guardian has fully read the above Waiver and Release and understands it and that I am and he or she is fully bound hereby.

_____
Printed Name of Participant

_____   _____
Signature of Participant   Date

_____
Printed Name of HIV Care Link Representative

_____   _____
Signature of HIV Care Link Representative   Date