



Informed Consent Form For Transportation in The Arc of Grays Harbor's Staff or Volunteers Vehicles



INDIVIDUAL /PARENT /GUARDIAN PERMISSION:

Name of person being transported: _____

Home Address: _____ Phone: _____

City/State/Zip: _____ Date: _____

In consideration of The Arc of Grays Harbor's program/ person providing

(Person's Name) _____ with transportation

to and from **ALL EVENTS FOR THE CURRENT YEAR WITH ARCGH**

I, the undersigned, hereby release and hold harmless The Arc of Grays Harbor, its officers, employees, volunteers and agents from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of being transported to and from the event/activity.

I agree to assume all risk associated with this transportation.

In case of any emergency, and you are unable to contact me and you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my expense.

X _____ Date: _____

Individual/Parent/or Guardian