



Pediatric Mental Health Program

TRANSPORTATION WAIVER FORM - ADULT

TRANSPORTATION WAIVER and RELEASE:

I, _____, give my consent to be transported by the Red Lake Band of Chippewa Indians/Red Lake Nation Embassy and I will assume all liability for injury that may result during the transport of my myself.

Further, by signing below:

1. I will not hold Red Lake Band of Chippewa Indians, its employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I accept full responsibility and hereby grant permission for myself to travel with Red Lake Band of Chippewa/Red Lake Nation Embassy staff.

TRANSPORTATION PERMISSION: I do hereby give permission for the myself identified above to ride in the Red Lake Nation Embassy van drive by an approved Red Lake Nation Embassy employee to and from therapy appointments at Mino Bimaadiziwin Wellness Clinic.

TRANSPORTATION SAFETY: All children transported by Red Lake Band of Chippewa Indians/Red Lake Nation Embassy must adhere to safety rules. Persons must remain seated, wear a seatbelt and follow the staff's directions at all times. Because of our safety requirements, any violation of this transportation policy may result in restriction of you riding in the vehicle.

THIS IS A RELEASE OF LIABILITY WAIVER. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS INDEMNIFICATION AGREEMENT VOLUNTARILY.

(PLEASE PRINT)

Name: _____

DOB _____

Date: _____

Signature: _____