

Transportation Liability Waiver and Release Form

Sierra Independent Living – Resident Transportation Services

Resident Name: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Purpose:

This form is intended to release Sierra Independent Living, its employees, drivers, and contractors from liability during the provision of transportation services to residents.

Acknowledgment and Assumption of Risk:

I, the undersigned, understand and agree that:

1. Participation in transportation services provided by **Sierra Independent Living** is voluntary.
2. Transportation may involve risks including, but not limited to, vehicle accidents, personal injury, or property damage.
3. **Sierra Independent Living**, its owners, staff, drivers, and contractors are not responsible for loss, damage, illness, injury, or death that may occur during transportation.
4. I will follow all safety guidelines, including wearing a seatbelt at all times.

Waiver and Release:

I hereby release and hold harmless **Sierra Independent Living**, its employees, agents, and representatives from any and all claims, damages, or liability arising from or related to transportation services, including negligence, except where caused by gross negligence or willful misconduct.

Medical Information:

Do you have any medical conditions or mobility concerns that the driver should be aware of?

☐ No

☐ Yes (please explain): _____

Consent and Signature:

I have read this Transportation Liability Waiver and understand its terms. I sign it voluntarily with full knowledge of its significance.

Resident Signature: _____

Date: _____

Legal Guardian/Representative (if applicable): _____

Date: _____

Staff Witness: _____

Date: _____