## The Next Chapter Daytime Senior Care & Activities

## **TRANSPORTATION AGREEMENT**

This agreement is made ar	nd entered into on thi	s (day) of	
(month),	(y	ear) between Next Chapter Assisted Living, LLC, and	
		(client nan	ne).

Client Name			
Address			
Phone Numbers	Home	Cell	Work

**CONSENT AND AUTHORIZATION:** I hereby consent to and authorize Next Chapter Assisted Living, LLC to perform transportation services. I hereby release Next Chapter Assisted Living, LLC from all liability incurred as a result of transportation by the staff of this licensed home care agency.

**TRANSPORTATION WAIVER, RELEASE, AND INDEMNIFICATION**: As a condition of being transported in a motor vehicle by an Agency employee, the Client release the transporting employee and the Agency from any and all liability associated with said transportation. This release of liability relates to the operation of either the employee's vehicle or other vehicle belonging to the Client, Client's family member or Agent. Included in this release are any related transportation issues, such as transferring in and out of the vehicle and assistance in and out of destinations.

As a further condition to receiving transportation services by Agency staff, the Client agrees to hold harmless and indemnify Next Chapter Assisted Living, LLC, and all of its employees from any claim or cause of action which the client or his/her representatives, successors heirs or assigns may have for bodily injury, death or property damage arising out of the neglect or careless use by any Agency employee in connection with the above noted services rendered on the Client's behalf.

Client Signature	Date