

TRANSPORTATION FORM

Please adhere to safety protocols while volunteering sent to you via RideScheduler.

Client Name:	D	ate:
Appt Time:	Phone:*67	
Pickup Address:		
Drop-off Address:		
Time of Departure:	_Time of Return:	TOTAL Hrs
MILES: (Please input overall mi	5,	
□ Miles: □Odomete	r Reading:	
NUMBER OF TRIPS:		
□ 1 Way □ 2 Way □ 3+	_ (List any additional stops be	elow, ex: Safeway)

• _____ • _____

RELEASE OF LIABILITY – SIGNATURE REQUIRED

I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage to or loss of property which I may incur due to accident while being transported by a Molly's Angels Transportation Volunteer. In consideration for transportation, I release Molly's Angels and Molly's Angels Transportation Volunteers from any responsibility or liability for personal injury, due to accidental occurrences, or due to my own negligence while in the company of Molly's Angels representative.

Client Signature:	Date
Additional Passenger (if any):	Date
Transporter Signature:	Date

Molly's Angels of Napa Valley | 707-224-8885/707-224-8971 | mollysangels@mollysangels.com | Office: 433 Soscol Ave., Suite A-100 Napa, California, 94559 | FAX 707-224-3701 The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact Molly's Angels and destroy all copies of the original message.