



PRIVATE TRANSPORTATION RELEASE CONSENT FORM

At times it becomes necessary to use private vehicles to transport clients to and from activities and appointments. When this occurs, Recovery United, Inc./Peer Recovery Supports of Idaho, LLC/PEER Wellness Center (Transport Provider) requires that the client sign the *Private Transportation Release Consent Form* that appears below:

TRANSPORT PROVIDER SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, PUNITIVE, OR CONSEQUENTIAL DAMAGES, INCLUDING LOST PROFITS, LOST DATA, PERSONAL INJURY, OR PROPERTY DAMAGE RELATED TO, IN CONNECTION WITH, OR OTHERWISE RESULTING FROM ANY USE OF THE SERVICES, REGARDLESS OF THE NEGLIGENCE (EITHER ACTIVE, AFFIRMATIVE, SOLE, OR CONCURRENT) OF TRANSPORT PROVIDER, EVEN IF TRANSPORT PROVIDER
_____ *HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.*

By signing this form, I hereby release Recovery United, Inc./Peer Recovery Supports of Idaho, LLC/PEER Wellness Center - as well as its directors, officers, administrators, employees, volunteers or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while being
_____ transported via private transportation.

Additionally, individuals receiving transport under this program must agree to abide by the following rules:

- *Individuals will be ready 15 minutes prior to the scheduled pick-up time.*
- *Individuals will not be under the influence of or have in their possession any alcohol or illicit drugs/paraphernalia.*
- *Individuals will not have in their possession weapons of any kind.*
- *Individuals will wear their seat belt while the vehicle is in motion.*
- *Individuals will be respectful to the driver and/or other passengers in the car.*

Individuals who violate the transportation and safety standards, who cause hazardous or dangerous situations, or who fail to report hazardous or dangerous situations during transport may be subject to temporary or permanent removal from the Transportation Program.

Recovery United, Inc./Peer Recovery Supports of Idaho, LLC/PEER Wellness Center staff and volunteers MUST have this signed form in their possession prior to any transportation.

Client Signature

Date

Client Name

Staff Signature