



Transportation Waiver

Passenger Name: _____

Age: _____ Gender: _____ Email: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____ Phone #: { } _____

Occupation: _____

I, the undersigned, desire to participate in the transport program offered by Healing Hands Physical Therapy Centers, Inc.. I understand that I am not entitled to any compensation in the event of any bodily harm imposed upon me from use of the transportation system, whether the fault of the driver, third party, or myself. I release Healing Hands Physical Therapy and its affiliates, its Board of Directors and Officers, and transport staff of any and all liabilities surrounding the use of this transport service.

Passenger {or Parents/Guardians} Signature: _____

Witnessed By: *Rebecca Fitzgerald*

Date: _____