



Telephone: (480) 558-3600 Fax: (480) 558-1806

FULL TRANSPORTATION RELEASE

This form is utilized when employee is NOT transporting any client for any reason

Employee Name: _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

As employee of Affinity Family Care, LLC, **I agree that I will not transport any client(s) of Affinity Family Care, LLC, and/or the Division of Developmental Disabilities.** This includes any client(s) that I may be specifically assigned to and during my scheduled sessions. I agree that I cannot under any circumstance, transport any client(s) in my own vehicle, public transportation, the client(s) vehicle or any other form of transportation at anytime for any reason. I agree that if my situation changes and I am required to transport any client(s), I will provide Affinity Family Care, LLC with a copy of a valid drivers license, current vehicle insurance, a Declaration page as proof that I am insured on the policy if my name does not appear on the insurance card, and vehicle registration prior to transporting the client(s) for all vehicles. In addition to this form, I agree to sign, print and date Affinity Family Care’s regular transportation release.

By signing below, I understand and expressly assume all dangers of transporting the above referenced client and agree to the above/below written statements. I agree that Affinity Family Care, LLC its providers, office staff, directors, officers, client(s), employees and management assume no responsibility. I waive all claims arising out of the transport whether caused by negligence, breach of contract or otherwise, and whether for bodily injury, property damage or loss or otherwise, that I may ever have against Affinity Family Care, LLC, its successors and assigns, and its officers, directors, client(s), agents (e.g. volunteers), providers, office staff, management and employees, and their executors, administrators and heirs. I agree that as an employee of Affinity Family Care, LLC and under this agreement (ie. Full Transportation Release), if I choose to transport a client without the prior consent of Affinity Family Care, LLC, and without providing the above documentation as required in this agreement Affinity Family Care, LLC assumes no responsibility and you are not covered under liability insurance.

By signing below, I agree that I am an employee of Affinity Family Care, LLC. I have had the chance to read and think about the content of this authorization form and willingly without coercion confirm my consent and agree to follow the policies outlined above. I agree to release, indemnify, and hold harmless Affinity Family Care, LLC. and any of their officers, employees, client(s), providers, directors, agents (eg. Volunteers) and their executors, administrators and heirs from lawsuit, claim, demand, or action against them for transporting client(s) of Affinity Family Care, LLC, the State of Arizona and the Department of Developmental Disabilities.

This authorization shall be in force until either written notice is given by employee OR the employee file is no longer active with Affinity Family Care, LLC.

Employee Signature

Print Name

Date

1423 South Higley Road Suite #115 Mesa, AZ 85206
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