



**Jewish Family Service
of Greater Dallas**

JEWISH FAMILY SERVICE

VAN TRANSPORTATION SERVICE WAIVER

CLIENT NAME:	
PHONE NUMBER:	EMAIL ADDRESS:
ADDRESS:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NUMBER	
AGREEMENT WAIVER	
<p>Please read this form carefully and be aware that in consideration for the Jewish Family Service Transportation Services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.</p> <p>I recognize and acknowledge that Jewish Family Service is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have against Jewish Family Service, including its respective officials, agents, volunteers and employees (herein referred to as the "Party").</p> <p>I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services.</p> <p>I further agree that this agreement shall be governed by the laws of the State of Texas.</p> <p>I have read and fully understand the above waiver and release of all claims.</p>	
CLIENT SIGNATURE:	DATE:
WITNESS SIGNATURE:	DATE:
NAME OF WITNESS:	