

Medical Transport Passenger Liability Release

I, the undersigned passenger, acknowledge and agree to voluntarily use the medical transport services provided by ("Provider").

I understand that the Provider will take reasonable precautions to ensure my safety; however, there are inherent risks associated with transport, and I assume full responsibility for any injury or loss that may occur.

In consideration for being permitted to use these services, I hereby release and discharge the Provider, its employees, agents, and affiliates from all liability, claims, demands, or actions that may arise from the use of medical transport services, except in the case of gross negligence or willful misconduct.

I agree to comply with all instructions provided by the Provider's staff and understand that failure to do so may increase risk.

This release is binding upon me, my heirs, executors, and assigns.

Passenger Information

Name:

Address:

Phone Number:

Emergency Contact

Name:

Phone Number:

Passenger Signature:

Date:

Provider Representative:

Date:
