

# Shuttle Service Passenger Waiver Form

Full Name

Email Address

Phone Number

Date

Emergency Contact Name

Emergency Contact Phone

## **Waiver & Release of Liability:**

By signing this form, I acknowledge that I am voluntarily participating in the shuttle service. I understand and agree that the shuttle operator is not liable for any personal injury, property damage, or loss sustained during transit. I agree to comply with all shuttle rules and instructions provided by the operator.

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I have read and agree to the waiver and release of liability.

Signature

Date

Additional Notes