



Client ID: _____

Authorization to Transport Mental Health Skill Building

I, _____, do expressly release Trinity Care, LLC and its agents from any liability whatsoever, for injury to me, my child/adolescent or my property, which may occur as a result of my traveling in a vehicle provided by agents of this company. I further expressly release Trinity Care, LLC and its agents from any liability to the person's heirs, executors, or administrators for injuries as mentioned above. I understand that this release will be valid until or unless it is revoked in writing by me at a later date.

Client

Date

Parent, guardian, authorized

Date

representative, in the event of a minor.

The foregoing release was signed in my presence, and the signer expressed understanding of its meaning prior to signing it.

Witness

Date

Created 6/16/16