



## Request for Transportation and Transportation Agreement

**(This request for transportation is valid for the entire school year beginning September 2019 and ending June 2020.)**

I, the undersigned, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_ (hereinafter "my child"), and hereby authorize, allow, and consent for my child to ride in the "Brace Bus," provided by Mary C. Trahar, DDS, PA. I agree to execute and sign a consent authorizing the school to release my child to the "Brace Bus." I understand that a new consent form has to be filled out and signed for each current school year.

I agree that the driver of the "Brace Bus" may pick my child up from school for an appointment with Mary C. Trahar, DDS, PA and return my child to school after such appointment. I understand and agree that my child shall be picked up and/or returned to school only at designated times of operation by the "Brace Bus." I also understand that my child may or may not be picked up at exactly the time of their appointment; however, my child will be picked up according to how the "Brace Bus Driver" has arranged the schedule for that particular day.

Only I may give the authority to change the time and/or date of any orthodontic appointment. I agree that Mary C. Trahar, DDS, PA or the operator of the "Brace Bus" shall have the sole and exclusive right to make the decision whether my child shall be permitted to continue to have access to the "Brace Bus" service. Any misconduct or misbehavior on the part of my child could result in my child not being permitted to ride the "Brace Bus."

The undersigned acknowledges that the "Brace Bus" is a benefit offered to me and is a service provided by Mary C. Trahar, DDS, PA at no extra charge. In consideration for this service, I, individually and on behalf of my child, do hereby waive, release and forever discharge Mary C. Trahar, DDS, PA, its affiliates and their respective agents, employees, officer, directors, shareholders, successors, and assigns from any and all claims and causes of action of any kind or any nature which are any way related, directly or indirectly, to the use of the "Brace Bus" service, which I may have or hereinafter may accrue, including such claims or causes of actions caused in whole or in part by the negligence of Mary C. Trahar, DDS, PA, its affiliates and their respective agents, employees, officer, directors, shareholders, successors, and assigns. I understand that my child is using the "Brace Bus" service at my own risk and agree that neither I nor my child will bring any claim or cause of action of any kind or nature against Mary C. Trahar, DDS, PA, its affiliates and their respective agents, employees, officer, directors, shareholders, successors, and assigns.

**I further agree to indemnify, defend and hold harmless Mary C. Trahar, DDS, PA, its affiliates and their respective agents, employees, officer, directors, shareholders, successors, and assigns from any claims or causes of action of any kind arising from mine or my child's use of the "Brace Bus." By placing my signature below, I acknowledge and agree that I have read this agreement, understood all of the terms and conditions contained herein, and that this agreement will be in full force and effect during each of mine or my child's use of the "Brace Bus" service. This agreement shall remain in full force and effect at all times without regard as to the pick-up location of my child by the "Brace Bus."**

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent and/or legal guardian

\_\_\_\_\_  
Printed Name of Parent and/or legal guardian

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Child's name (please print)

\_\_\_\_\_  
Work (emergency) number