**AGREEMENT/DISCLAIMER**

As a rider in the TAIV Volunteer Transportation Program, I hold harmless TAIV, its authorized agents, volunteers, and employees from all claims, actions, costs, damages, or expenses of any nature, whatsoever, arising out of, or resulting from any delays, tardiness, failure to make an appropriate or scheduled pick up, absence of vehicle, or termination of the program. I also agree to release TAIV and the volunteer from liability claims and demands for personal injury; for loss, theft, or damage to personal property; loss of income; consequential damages resulting from delays, tardiness or absence of a vehicle on particular days; and for termination of the program.

I have read & understand these policies. I will abide by them and have received a copy.

Signature of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

Volunteers of TAIV are taught that they should not share your name or any information about you that would identify you to persons not involved with the transportation program through TAIV. With your permission, if you are having a medical emergency may we share information with emergency personnel and the TAIV Program Director?

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my records are protected under the Family Right of Policy Act, Federal and specific state confidentiality laws and regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that; in any event, this consent expires automatically as listed below.

This release expires one (1) year from the date of my exit from the program. I understand that I have the right to inspect and receive a copy of the information provided by this release

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. I hereby release said agencies from all liability of any kind for issuing this information.

A photocopy of this consent is as valid as the original.

Signature of rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(THIS AGREEMENT MAY BE TERMINATED AT ANY TIME UPON YOUR REQUEST)