



**TRANSPORTATION SERVICES PROCEDURES,
WAIVER AND RELEASE**
Urbandale Community Action Network (UCAN)
Caring Corp Transportation Services by Volunteers

In case of a medical emergency

During any time you experience a medical emergency while using UCAN Caring Corp Transportation Services, you authorize the volunteer to call 911 on your behalf. The volunteer 1)cannot assist you with your medical condition, 2)cannot drive you to the hospital, or 3) cannot accompany you to the hospital. The volunteer will stay with you until 911 personnel arrive, at which time, you will be turned over to their care. Your emergency contact listed below will be notified of your need for emergency assistance. Repeated occurrences of medical emergencies during use of UCAN Caring Corp Transportation Services will result in ineligibility of transportation services, as volunteers are not medically trained personnel and cannot be expected to cope with situations that require emergency assistance.

Release of Liability

Please read this form carefully and be aware that in consideration for the UCAN Caring Corps Transportation Services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

“I recognize and acknowledge that UCAN is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against UCAN, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as “Party”).

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services. I further agree that this agreement shall be governed by the laws of the State of Iowa.

I have read and fully understand the above procedures, waiver and release of all claims.

PLEASE PRINT Participant’s Name _____

Participant’s signature _____
(18 Years or Guardian)

Date _____

Emergency Contact Name _____

Emergency Contact Phone # _____

PARTICIPATION WILL BE DENIED If the signature of adult participant or guardian and date are not on this waiver.

Return all forms along with proof of age and residency to: Laura Holms, UCAN, P.O. Box 7615, Urbandale IA 50323