**OFFICE OF JUSTIC POLICY AND PROGRAMS TRANSPORTATION WAIVER**

**Franklin County Pathways Program**

As a recipient of services through the Franklin County Office of Justice Policy and Programs Male and/or

Female Pathways (hereinafter Pathways) program, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Full Name)

understand Pathways Peer Support Staff may offer transportation services necessary to further my

treatment goals and personal growth process.

I voluntarily assume all risk and legal liability and waive and release all claims for

injuries, damages or loss, regardless of severity, which might sustain as a result of

said services, including but not limited to vehicle operations, negligent operation,

theft of possessions and boarding and exiting the vehicle.

Further, I recognize and acknowledge that transportation services can only be

provided for myself and that no children, friends and/or other family members may

receive transportation assistance under any circumstances by the Peer Support

Staff.

I further agree to waive and relinquish all claims I may have (or accrue to me)

against Franklin County, including it respective officials, agents, contractors, and

employees.

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Client: (Full Name Printed) (Date)

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(Signature) (Date)

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Peer Support Staff: (Full Name Printed) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)