



# Florida's Choice HEALTH CARE

PRINT FULL NAME \_\_\_\_\_

**WAIVER OF LIABILITY, COVENANT NOT TO SUE RELEASE INDEMNITY, AND HOLD HARMLESS AGREEMENT FOR TRANSPORT**

In consideration of receiving transportation or being transported in a motor vehicle owned or leased by any employee of Florida's Choice Health Care, I hereby **RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE** Florida's Choice Health Care, its officers, trustees, agents and employees (hereinafter referred to as the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of, or related to, any loss, damage, or injury, including death, or other personal injury, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or otherwise, while being transported to or from any location.

I am fully aware of the risks and hazards connected with the activity, including, the possibility of automobile accidents and the like. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING, BUT NOT LIMITED TO DEATH.**

I further hereby, **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss, liability, damage or costs including court costs and or attorney's fees, that they may incur due to my participation in said activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.**

It is my express intent that this **AGREEMENT** shall bind the members of my family and spouse, if I am alive and my heirs, assigns and personal representatives if I am deceased and shall not be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE THE ABOVE NAMED RELEASEES.** I hereby further agree that this **AGREEMENT** shall be construed in accordance with the laws of the Commonwealth of Florida.

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT,** I have read the foregoing **AGREEMENT**, understand it and sign it voluntarily as my own free act and deed, nor oral representations, statements or inducements apart from the foregoing written agreement have been made; I am at least eighteen years of age and fully competent; and I execute this **AGREEMENT** with full, adequate and complete consideration, fully intending to be bound by same.

**IN WITNESS WHEREOF,** I have hereunto set my hand and seal this (date) \_\_\_\_\_ day of (month) \_\_\_\_\_, 200   .

**THIS IS A GENERAL RELEASE; READ IT BEFORE SIGNING!**

\_\_\_\_\_  
**Participant (Print Name)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**