TRANSPORTATION AUTHORIZATION AMHERST ORTHODONTICS APPOINTMENT SHUTTLE

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THE PARENT AND/OR LEGAL GUARDIAN OF HEREBY ALLOW, AUTHORIZE, AND CONSENT FOR MY CHI	,
HEREBY ALLOW, AUTHORIZE, AND CONSENT FOR MY CHI	LD TO RIDE IN THE "SPIKE MOBILE"
PROVIDED BY AMHERST ORTHODONTICS. THE UNDERSI	GNED AGREES THAT THE DRIVER OF
THE "SPIKE MOBILE" MAY PICK UP FROM AND RETURN M	Y CHILD TO THE SCHOOL OFFICE FOR
THEIR SCHEDULED ORTHODONTIC APPOINTMENT(S) WIT	TH AMHERST ORTHODONTICS. THE
PICK UP AND RETURN OF MY CHILD WILL NOT CORRES	POND TO THE EXACT TIMES OF THE
SCHEDULED APPOINTMENTS, AND CAN ONLY BE PER	RFORMED DURING THE HOURS OF
OPERATION OF THE APPOINTMENT SHUTTLE. SIGNING TH	HIS FORM CONSENTS MY CHILD TO BE
RELEASED TO THE DRIVER OF THE APPOINTMENT	SHUTTLE. FURTHER, ONLY THE
UNDERSIGNED HAS THE AUTHORITY TO CHANGE THE DATE	E OF THE SAID APPOINTMENT.
THE UNDERSIGNED ALSO AGREES THAT AMHERST ORTH	IODONTICS RESERVES THE SOLE AND
EXCLUSIVE RIGHT TO MAKE THE DECISION WHETHER MY	CHILD WILL BE PERMITTED TO RIDE
THE APPOINTMENT SHUTTLE. ANY MISCONDUCT OR DIS	RUPTION TO THE DRIVER OR OTHER
CHILDREN BY MY CHILD COULD RESULT IN MY CHILD N	NOT BEING PERMITTED TO RIDE THE
APPOINTMENT SHUTTLE.	
I ALSO UNDERSTAND THAT THE APPOINTMENT SHUTTLE I	S A SERVICE PROVIDED BY AMHERST
ORTHODONTICS AT NO ADDITIONAL CHARGE. I FURTHE	R RELEASE, DISCHARGE, AND WAIVE
ANY AND ALL CLAIMS, CAUSES OF ACTION, SUITS, OR INJU	TRIES ARISING OUT OF OR IN ANYWAY
CONNECTED WITH MY CHILD AGAINST AMHERST OR	THODONTICS AND ITS EMPLOYEES,
AGENTS, REPRESENTATIVES, DRIVERS, AND HEIRS, WHICH	
OF THE APPOINTMENT SHUTTLE. BY SIGNING THIS FORM	
AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND AM	
EMPLOYEES, CONTRACTORS, REPRESENTATIVES, DRIVER	
CLAIMS OF EVERY NATURE AND KIND, INCLUDING BUT N	
LAWSUITS ARISING FROM OR RELATING TO USE OF THE AP	POINTMENT SHUTTLE.
This signed request for transportation is valid 2020	FOR THE REMAINING SCHOOL YEAR
DATED:	
	PARENT/LEGAL GUARDIAN SIGNATURE
HOME PHONE	
WORK /CELL PHONE	

AMHERST ORTHODONTICS, DR. DIANE
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