

# SPECTRUM SOCIAL AND RECREATION SERVICES, LLC

## Authorization and Consent Regarding Client Transportation

<b>Part 1: Contact Information</b>									
Client's Legal Name _____	Date of Birth _____								
Parent/ Legal Guardian/Adult Client									
Name _____ Phone _____									
Mailing Address _____									
City _____ State _____ Zip _____									
<b>Part 2: Consent and Authorization Statement(s)</b>									
Participation in activities included in the Spectrum curriculum and training activities (singularly "activity" and collectively, the "activities") may involve travel, and, as a courtesy, Spectrum may facilitate travel associated with these Activities by privately owned vehicles or Spectrum owned vehicles driven by employees, managers, volunteers, contractors, owners or agents of Spectrum.									
_____ initial	I, the undersigned, certify that the above statement has been read and hereby consent to the transportation of the client to and/or from activities in privately owned vehicles or Spectrum owned vehicles operated by Spectrum employees, managers, volunteers, contractors, owners or agents of Spectrum.								
_____ initial	I, the undersigned, agree to release Spectrum and all employees, managers, volunteers, contractors, owners or agents acting on behalf of Spectrum from all liability for any adverse results that may occur during transportation.								
_____ initial	I understand this is an Authorization and Consent regarding transportation for the client named below and is effective as of the date signed below.								
_____ initial	I understand that I have the right to revoke this authorization at any time. I understand I must do so in writing and present my written revocation to the client records department of Spectrum. Unless otherwise revoked, this authorization will automatically expire 2 years from today's date.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> </tr> <tr> <td style="border: none;"><b>Signature of Parent/Guardian/Surrogate Parent/Adult Client</b></td> <td style="border: none;"><b>Date</b></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><b>Printed Name of Parent/Guardian/Surrogate Parent/ Adult Client</b></td> <td style="border: none;"><b>Date</b></td> </tr> </table>		_____	_____	<b>Signature of Parent/Guardian/Surrogate Parent/Adult Client</b>	<b>Date</b>	_____	_____	<b>Printed Name of Parent/Guardian/Surrogate Parent/ Adult Client</b>	<b>Date</b>
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