



SPECTRUM Services

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Transportation Release

Client Name: _____

Date Completed: _____

Name of Person Completing Form (if different from applicant): _____

Relationship to Applicant: _____

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.

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.

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.

I understand this is an Authorization and Consent regarding transportation for the client named below and is effective as of the date signed below.

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.

Signature of Adult Client / Parent / Legal Guardian

Date

Printed Name of Adult Client / Parent / Legal Guardian