

STAFFING SOLUTIONS  
@ MOTHERS' AIDES

**TRANSPORTATION RELEASE FORM**

Please read and sign either transportation release A or B

**A. Transportation Release: Client's Vehicle**

I, \_\_\_\_\_, understand and agree that if it is necessary for a provider referred by Staffing Solutions @ Mothers' Aides to transport a family member or pet in my vehicle as part of the services requested, for any reason, I will release and hold harmless the provider and Staffing Solutions @ Mothers' Aides for any expenses, costs or injuries resulting from that, either to the vehicle, or to the persons involved, third party or otherwise.

In order to induce the provider to use my vehicle for transportation, I hereby certify that the person driving is covered by collision and liability insurance and that I will be responsible for any deductibles.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

**B. Transportation Release: Provider's Vehicle**

I, \_\_\_\_\_, understand and agree that if it is necessary for a provider referred by Staffing Solutions @ Mothers' Aides to transport a family member or pet in the provider's personal vehicle as part of the services requested, for any reason, I will release and hold harmless the provider and Staffing Solutions @ Mothers' Aides for any expenses, costs or injuries resulting from that, either to the vehicle, or to the persons involved, third party or otherwise.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE