

MAO Transportation
Consumer Waiver Agreement

MAO offers transportation services in effort to minimize transportation barriers to care for consumers of MAO. The MAO Transportation Consumer Waiver Agreement is a formalized statement that documents the consumer's acknowledgement of expectations and waived liability. This waiver is effective for 12 months after the date signed. **This waiver will expire on ____ / ____ / ____.**

I hereby give my consent for the delivery of transportation services provided by MAO and as a Consumer of MAO's transportation,

1. I understand that transportation requests must be made in advanced, no later than one week prior to my appointment. I understand that transportation is not always guaranteed and that I may have to wait before or after my appointment depending on the appointment needs of other consumers. If I cannot attend an appointment, I will cancel transportation in advanced.
2. I understand that MAO may provide transportation to multiple consumers at the same time and, for this reason, I may have to ride with another consumer. I will not discuss any information pertaining to other consumers, either in writing or through oral communication, to any person(s) or agencies.
3. I understand that MAO may arrange for emergency response and treatment without my consent if they deem necessary.
4. I understand that MAO's staff members providing transportation are licensed drivers. I understand that, to the best of their ability, MAO screens and monitors their staff to promote safety and lawful driving habits. I understand that MAO cannot be responsible for any unforeseen incidents that might occur.
5. I agree to not hold MAO or their representatives liable for any injury or loss incurred as a result of their provision of transportation for me. In the event that I observe any improper or unsafe driving, I will contact MAO (334-280-3349) to report the incident.
6. I understand that violation of these expectations could potentially result in my termination as a consumer of MAO's Transit System. Furthermore, I understand that breaching of confidentiality may subject me to civil or criminal liability.

My signature below indicates that I have carefully read, understand and agree to the terms and conditions of this waiver.

Consumer Name (print clearly): _____

Signature of Consumer: _____

Date: _____

Witness Name (print clearly): _____

Signature of Witness: _____

Date: _____