



**Vantage Point**<sup>®</sup>  
— Behavioral Health —

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### Consent to Transport Waiver and Release Form

I, the undersigned, give my consent for the person(s) identified above to be transported by Vantage Point Behavioral Health staff, Uber, Lift, and will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/activity. Further, by signing below:

1. I will not hold Vantage Point behavioral health, its staff, agents, employees, volunteers or anyone acting on its behalf, responsible or liable for injury occurring to the named person(s) in the course of such activities or such travel.
2. I hereby accept financial responsibility for any personal items lost by the person(s) identified herein.
3. I also understand that disrespectful behavior and language and/or disregard for rules of safety by the person(s) listed above while riding the Vantage Point Behavioral Health van/bus/car will require that I find alternative transportation for said person(s) to and from the Vantage Point behavioral Health program/services.
4. I accept full responsibility and hereby grant permission for the above-named person(s) to travel with Vantage Point Behavioral Health.

This Waiver and Release will be valid for all transportation occurring as of and after the date below. This Waiver and Release is valid from \_\_\_\_\_, to:

\_\_\_\_\_  
Person Served/Parent Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signanture