

Independent Living Transportation
Authorization and Release Form

Part I: For Agency		
Driver:	Passenger(s):	
Vehicle being used to transport is a State vehicle:	☐ Yes ☐ No, private vehicle is being used	
If private vehicle is being used, please complete the following:		
Vehicle Make and Model:	License Plate Number:	State:

Part II: For Passengers Under 18 years of age		
I am the parent/legal custodian/guardian of the above-named child/ren (passenger/s), who is/are under the age of 18 on this date. I authorize said child/ren to ride with employee/s or agents of DCF to and/or from the following appointment/event/activity:		
Activity/ Appointment transportation being provided for:	Date(s) (if transportation is for the same purpose and event but covers more than one date, indicate the date range):	
By signing below, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and martial community (if any), I hereby release and hold harmless DCF, DCF employees and agents (hereinafter "Releasees") from any and all liability claims, causes of action, or demands of any kind or nature whatsoever, as well as any and all injury, disability, death or loss or damage to person or property, whether from the negligence of the releasees, or otherwise, related to the above-named minor child/ren's transportation by any individual identified in the paragraphs above to any appointments/events/activities as stated above. I have read and voluntarily sign this release and waiver of liability.		
Parent / Legal Custodian/ Guardian Printed Name:	Signature of Parent/Legal Custodian/ Guardian (If in DCF Custody, should be signed by Supervisor or Administrator):	Date:

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Part III: For Passengers 18 years of age or older		
I am 18 years of age or older on the date of the execution of this document.		
If I choose to ride to and/or from the following appointment/event/activity with DCF, DCF employees or agents:		
Activity/ Appointment transportation being provided for:	Date(s) (if transportation is for the same purpose and event but covers more than one date, indicate the date range):	
By signing below, for myself and on behalf of my heirs, assigns, next of kin, executors, and personal representatives, I hereby release and hold harmless the State of Kansas, DCF, DCF officers, attorneys, employees, and agents (hereinafter "Releasees") from any and all claims, causes of action, or demands of any kind or nature whatsoever, including all injury, disability, death or loss or damage to person or property, whether from the negligence of the releasees, or otherwise, related to my transport by the driver identified in Part I to the appointments/events/activities as stated above.		
I agree that I have read this release and waiver of liability, fully understand its terms, and sign this release and waiver of liability voluntarily.		
Passenger's Printed Name:	Signature Passenger:	Date:

