## **Resident Transportation Waiver of Liability**

I,staff provide me transportatio	_ (Print Name) have requested that Oasis Housen services.
of Oasis House and voluntarily volunteers of Oasis House, to recognize and acknowledge the in the business of providing	d that transportation is offered as a free service y consent to being transported by staff and/or and from any services sought on my behalf. I at Oasis House is not a common carrier nor is it transportation services to the public. I also nat there are certain risks of physical injury to
regardless of severity, that I mall activities connected with	the full risk of any injuries, damages, or loss, ay sustain as a result of participating in any and or associated with receiving transportation ited to, injuries, damages, and loss arising out of sion of the vehicle.
Oasis House and all participat and all of them (collectively t causes of actions, suits, and known or unknown, suspect o equity, which I might have aga	orever discharge, hold harmless, and indemnifying staff, volunteers, agents, and assigns, or any me "Released Parties"), from any and all claims, iabilities of any kind or character whatsoever, runsuspected, in contract or in tort, at law or in inst the Released Parties, jointly or severely, for which relates, in whole or in part, directly or difor whatever reason.
Resident/Client Signature	 Date