

SHUTTLE CHECKLIST

1. Fill-out the **Parent Waiver** and **School Waiver** for forms.
2. Please go to your child's school and add the name Kristy Roach-Jessen on their emergency release form as "friend".
3. Mail, drop off, e-mail (scheduling@sammamishortho.com), or fax (425.369.2966) the packet to the office.
4. Call the office (425.369.0366) to reserve your child's spot on the shuttle for their next appointment!

*The shuttle is a complimentary service provided Tuesday and Thursday mornings to our Plateau middle and high school patients who are currently in braces.

PARENT WAIVER

Plateau Shuttle, L.L.C. – School Shuttle Service

Transportation Request, Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Consent: I, the undersigned, _____, the parent and/or legal guardian of _____, hereby request, allow, authorize and consent for my child to ride in the shuttle service provided by Plateau Shuttle, L.L.C. The undersigned agrees that the driver of the shuttle may pick up my child from school for an appointment with Sammamish Orthodontics, and return my child to school after such appointment. The undersigned agrees that Plateau Shuttle, L.L.C. shall have the sole and exclusive right to make the decision whether my child is permitted to ride the shuttle service.

Waiver: In consideration for my child being permitted to use the shuttle service, I release, waive, discharge, and covenant not to sue Plateau Shuttle, L.L.C., its members, employees, agents, representatives, drivers, heirs, and assigns, and any person or company which the transportation benefit is provided to and from, including without limitation, Sammamish Orthodontics, its shareholders, employees, agents, representatives, heirs, and assigns, from any and all claims, causes of action, suits, or injuries arising out of or in any way connected with my child riding the shuttle service. I understand that this release and waiver of liability applies to any cause of action based on negligence by Plateau Shuttle, L.L.C.

Non Unconscionable: I hereby acknowledge that this transportation benefit is provided by Plateau Shuttle, L.L.C. as a benefit and convenience and is in no way required or compelled and therefore, is at the sole option and benefit to the undersigned. As such, this Agreement cannot be held to the unconscionable.

Assumption of Risks: Transportation, and use of the shuttle service, carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks vary, but may include traffic accidents and exposure to reckless conduct of other drivers and passengers. My child and I use the shuttle service voluntarily and assume all risks associated with said use.

Indemnification: I agree to indemnify and hold Plateau Shuttle, L.L.C. harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of me, and my child’s use of the shuttle service and to reimburse Plateau Shuttle, L.L.C. for any such expenses incurred.

Severability: I further expressly agree that the foregoing waiver, assumption of risks, and indemnification agreement is intended to be broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Transportation Request, Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent or Guardian/Printed name

Child’s name

SCHOOL WAIVER

(Name of School)

I, the undersigned, _____, parent and/or legal guardian of _____, a student at the above referenced school, hereby authorize and give permission for my child to ride the "school shuttle" service provided by Plateau Shuttle, L.L.C. I consent for my child to be released from school to ride the shuttle for the purpose of receiving orthodontic services by Sammamish Orthodontics. The undersigned understands and agrees that the above child may be picked up from school and/or returned by the shuttle. I acknowledge and assume all responsibility for making necessary appointments with Sammamish Orthodontics and for appropriately notifying my child's school teacher and/or school officials of dates and times of all appointments.

This authorization shall be valid (September thru June) until orthodontic treatment is completed at Sammamish Orthodontics.

Home Phone Number: _____

Cell Phone Number: _____

Parent e-mail: _____

Grade: _____

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian