

SHUTTLE SERVICE AUTHORIZATION AND CONSENT
School Year 2015-16

The undersigned parent/guardian hereby authorizes and consents to my child's/children's transportation on the shuttle bus provided by Christensen Orthodontics from my child's school at the address listed below to the office of Bret B. Christensen DDS, MS located at 77 Southway Ave. Ste. D, Lewiston, ID, for the purpose of my child's/children's orthodontic appointment. I further authorize and consent to my child's return transportation to school after completion of the appointment. The undersigned acknowledges and agrees this transportation arrangement is optional for their convenience and should not be construed as an agreement to provide transportation, but will be provided according to a schedule which may be cancelled or revised because of weather or other reasons determined at the sole discretion of Bret B. Christensen, DDS, MS and that they may make alternative transportation arrangements if they choose to do so.

The undersigned further acknowledges and agrees that neither, Bret B. Christensen, DDS, MS, nor his employees are responsible for my child/children boarding the shuttle bus or returning to school as scheduled and these arrangements shall be the sole responsibility of the undersigned and the child/children. The undersigned further acknowledges and agrees that Bret B. Christensen, DDS, MS and his employees are not liable for any claims, damages or liability resulting from the undersigned's child/children failing to board this bus for his/her orthodontic appointment or for return to school after his/her orthodontic appointment. The undersigned hereby releases Christensen Orthodontics, its employees, and Dr. Bret B. Christensen, DDS, MS individually from any and all claims, damages and liability related to or arising out of this optional transportation arrangement.

The undersigned further authorizes the school designated below ("School") to release the undersigned's child/children to the driver of the Christensen Orthodontics shuttle bus upon the driver's compliance with the School's applicable student check-out/release procedures. The School and the school district in which the School is located ("District") accept no responsibility for the transportation provided by Christensen Orthodontics pursuant to this authorization. The undersigned releases and holds harmless the School and District from any and all claims, damages, actions or demands arising out of the School's release of a child or children pursuant to this authorization.

This consent and authorization shall remain in full force and effect until and unless an appropriate written document is delivered to Bret B. Christensen, DDS, MS and the School revoking such consent and authorization.

Date _____

Child/Children's Name(s)

Parent/Guardian

School Name: _____

School District: _____

City: _____

Grade: _____