

RURAL TRANSPORTATION PROGRAM WAIVER

I (print first and last name)

_____ have been informed of and understand that the driver for the Eastern Nebraska Office on Aging Rural Transportation Program was unable to properly secure my mobility device today. I was given the option of moving out of my mobility device and into a seat, staying on the vehicle without my mobility device being properly secured or cancelling my ride for today. I understand that the driver and the Eastern Nebraska Office on Aging are not responsible for personal injury or damage to me or my mobility device.

Signature of client

Signature of driver

Today's date