

Client Automobile Use Waiver

I Accept

I Decline

I, _____, do hereby authorize
_____, an associate of Favored Healthcare Services, to operate my
automobile in the normal course of his/her duties while providing supportive care services
to _____.

(Name of Client)

I hereby certify that the vehicle described below is properly licensed, registered, in safe and usable condition, and that the minimum insurance required by law is carried on it, which insurance covers such Favored Healthcare Services associate as a permissive driver.

I hereby certify to indemnify and hold harmless Favored Healthcare Services, and its officers, associates, and agents from any and all claims, suits and liabilities a reasonable attorney's fees and costs resulting from operation of automobiles, vehicles and motorized instrumentalities whether owned or rented. This indemnification shall extend to any and all claims, including damage to our vehicles, bodily injuries including third parties, and property damages.

Make of Vehicle: _____ Model: _____

Color of Vehicle: _____ License Number: _____

Client Signature: _____ Date: _____

Favored Healthcare Services Rep.: _____ Title: _____