Transportation Registration & Liability Release Form

Client Information

Client's Full Name:	
Date of Birth:	
Destination / Organization: Ex: school, airport, doctors' office, etc.	
Client Contact Number:	

Responsible Party / Emergency Contact Information

Responsible Party Name:	
Relationship to Client:	
Contact Number:	
Mailing Address:	
Email Address:	

Transportation Details

Service Requested:	■ Morning ■ Afternoon ■ Both/Round Trip
Pick-Up Address:	
Drop-Off Address:	
Preferred Pick-Up Time:	
Drop-Off Window Time:	
Return Pick-Up Address:	
Return Drop-Off Address:	
Preferred Time To Destination (subject to availability): Ex: Football Practice Starts @4:00pm	
Return Pick-Up Window Time: Ex: School car rider lane 2:15pm - 3:00pm	

Orca Links Transportation LLC

Phone: 404-884-8711 | Email: Orcalinks@gmail.com

Permission, Waiver, and Acknowledgments

Release of Liability & Assumption of Risk

I understand that transportation involves inherent risks, including but not limited to traffic accidents, injuries, or delays. By signing this form, I voluntarily release, discharge, and hold harmless Orca Links Transportation LLC, its owners, employees, contractors, and affiliates from any liability, claims, or demands arising from participation in transportation services, except in cases of gross negligence or willful misconduct.

Indemnification

I agree to indemnify and hold harmless Orca Links Transportation LLC against any claims, damages, costs, or attorney's fees resulting from the client's actions or conduct while being transported.

Medical Authorization

In the event of a medical emergency, I authorize Orca Links Transportation LLC staff to administer basic first aid and seek emergency medical care if necessary. I understand that reasonable efforts will be made to contact me first, but if I cannot be reached, I consent to treatment as deemed necessary by medical professionals.

Behavior & Safety Expectations

I understand that the client must comply with all safety rules and instructions provided by Orca Links Transportation LLC staff. Failure to do so may result in suspension or termination of transportation services.

Acknowledgment of Responsibility

I acknowledge that it is my responsibility to notify Orca Links Transportation LLC promptly of any changes in transportation arrangements.

Electronic Signature Consent

I agree that an electronic or typed signature on this document is legally binding and valid as an original.

Service Disclaimer

Please be advised that this is not a contractual agreement. Services may be discontinued at any time due to factors such as staffing, route changes, or availability. Services may also be canceled by the client at any time without penalty.

Emergency Contact Information

Emergency Contact Name:	
Emergency Contact Phone:	
Medical History/Allergies/Medications:	
Additional Notes or Instructions:	

Responsible Party Signature:	
Date:	

Please attach a copy of the responsible party's ID when submitting the registration form via email.

Administration Use Only

Approved By:	
Date Approved:	

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