

Region of Peel

TransHelp

D. Appendice

D.1 Waiver

TRANSHelp ACKNOWLEDGEMENT AND RELEASE

TO: THE REGIONAL MUNICIPALITY OF PEEL

I, _____(name), being the legal representative of _____, ID No. _____ ("Client name and ID number"), pursuant to a power of attorney for personal care or court appointed guardian of the person pursuant to the *Substitute Decision Act*, S.O. 1992, c.30, acknowledge that I have been advised by The Regional Municipality of Peel that:

1. TransHelp, operated by The Regional Municipality of Peel ("TransHelp") provides a transportation service only. The available service does not include the provision of attendants for Passengers who may require such attention.
2. It has been recommended to me that as a result of the Client's present medical condition and/or language barriers, an attendant should be present on all transportation provided by TransHelp for the Client. I have further been advised that TransHelp shall not be responsible for providing or arranging for an attendant to be available.
3. TransHelp accepts no responsibility for loss or damages in the event that the Client travels without an attendant.
4. Further, I acknowledge that TransHelp shall not physically restrain the Client in the event the Client attempts to disembark the vehicle at an alternate destination.
5. Specifically, TransHelp accepts no responsibility in the event that the Client disembarks the bus at a destination other than the pre-arranged location.
6. TransHelp has advised me that its representatives will not leave the Client unattended on return to their residence and shall deliver the Client to the nearest hospital or residential care facility in the event that a responsible individual is not available to meet the Client on return to his/her residence. I agree to assume full cost of such transportation.
7. TransHelp requires the name and telephone number where an emergency contact may be reached at all times when the Client is traveling on TransHelp unattended.

Further, in consideration of TransHelp providing transportation for the Client, the Undersigned, as authorized legal representative for the Client hereby release and forever discharge the Regional Municipality of Peel from all claims, demands, actions, causes of action arising or resulting as a result of the Client being transported by TransHelp without a responsible attendant.

IN WITNESS WHEREOF I have set my hand and seal.

SIGNED, SEALED AND DELIVERED this _____ day of _____, 200____ .

Witness

as legal representative for

CLIENT INFORMATION

Name of Client: _____

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Destination/s to where this waiver applies:

Contact Name/Number at Destination: _____

Instructions (to be provided by legal representative):
(relevant information regarding the Client's medical condition or limitations)

Personal information on this form is collected under the authority of the *Regional Municipality of Peel Act*, R.S.O. 1990, c. R.15, subsection 30(4), in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56, and will be used solely to assist TransHelp in safely transporting the Client. Questions about this collection of personal information should be directed to TransHelp, Mississauga, (905) 791-1015, ext. 6472.