AUTHORIZATION TO TRANSPORT GUESTS OF CREATIVE LIVING RESPITE PROGRAM AND LIABILITY WAIVER FORM

I __________________________ or representative(s) __________________________

(name of Respite Guest)

authorize Creative Living, Inc. and/or its representatives to transport

____________________________

(name(s) of court appointed legal guardian)

____________________________

(name of Respite Guest)

while a Guest of the Creative

Learning Respite Program to any and all activities, places, events.

I (we) grant this permission to the corporation to facilitate Respite Guest’s safe participation in and enjoyment of the Creative Living Inc. Weekend Respite Program.

This authorization shall extend to the use of agency vehicles either owned, rented or leased by said corporation, personal vehicles of the corporation’s representatives, and public conveyances. This authorization also specifically covers occasional travel beyond the boundaries of the Commonwealth of Massachusetts while on planned recreational outings; and also specifically covers transportation in the unlikely event of emergency medical treatment or consultation.

This authorization shall be granted immediately and shall remain in effect indefinitely unless revoked in writing. This agreement shall be revocable by me(us) alone, the undersigned, only by written means and with at least 10 days written notice to the corporation.

Signed: ________________________________ Date: ________________________________

Signed: ________________________________ Date: ________________________________

Witnessed by: __________________________ Date: ________________________________