REQUEST FOR TRANSPORTATION

CHILD'S NAME______SCHOOL_____

		s entire form, understand it, agree to it, and by our signatures o it and all representations made in it:
	d from school	NTICS, P.C.* is providing a free service via "BRACE EXPRES I without any cost or charge for the purpose of facilitating or
exclusive right and authority to make	e all decisions	RTHODONTICS, P.C. and "BRACE EXRESS" have sole and regarding our child riding on the "BRACE EXPRESS" conditions of initial and continued service.
		ular appointments. If there are LOOSE or BROKEN appliances, pointment by a different means of transportation.
agree and declare to be a necessary r KENDZIOR ORTHODONTICS, P.0 and all claims, causes of action, suits participating in the "BRACE EXPRI	medical health C., its employed s, damages or ESS" service a	are participating in, and benefiting from this service, which we a related service, we as parents release and forever discharge, ees, agents, representatives, drivers, heirs and assigns from any injuries arising out of or in any way connected with my child and any and all aspects or derivatives thereof, specifically d loss of services during our child's minority*.
employees, agents, representatives, of damages or injuries arising out of or service and any and all aspects or de-	lrivers, heirs a in any way co rivatives there	er discharge KENDZIOR ORTHODONTICS, P.C., its and assigns from any and all claims, causes of action, suits, onnected with me participating in the "BRACE EXPRESS" eof, specifically including my right to sue, both now, and at any and suffering, and for any loss after minority*.
agents, representatives, drivers, heirs injuries arising or in any way connect to, the selection of the operator, the of the operator of the vehicle and/or	s and assigns for ted with the condition of the any other chil- ges or injuries	ischarge KENDZIOR ORTHODONTICS, P.C., its employees, from any and all claims, causes of action, suits, damages or child riding the "BRACE EXPRESS", including but not limited ne vehicle, the manner of operation of the vehicle, the conduct dren taking advantage of this service, and for any and all other arising out of, or in any way connected with, our use of the ary orthodontic services.
This request for transportation is valid	d for the entir	re school year(s)20 through June 20
		OR
Mother's signature	Date	Father's signature Date
Child's signature (required)	Date	Legal Guardian's signature (if not parent) Date

*The parties agree and understand that this request, waiver and release is entered into with Dr. Bradley F. Kendzior, Kendzior Orthodontics, P.C. and the parties agree and understand that majority and minority refers to the period of time, respectively after, and before, the minor child reaches age 18.