

Brace Shuttle Application and Release Form

Please Fax the Completed form to 228-314-0117

THIS RELEASE, dated _____, 2011, is given by _____
(individually and collectively referred to as I, me and my) to Christopher P.
Frigo, D.D.S. (Referred to as you and your).

Transportation Services

I am one of your orthodontic patients or the parent/guardian of such patient. As a convenience to me and at your expense, you are willing to provide transportation services (a standard automobile and driver) to take me from and to my school and your office for purposes of providing orthodontic services. You are willing to provide the transportation services to me in consideration for my agreeing to sign this Release, and I am willing to sign this Release in consideration for your providing the transportation services.

Release

I release you from any and all liability, claims, demands, actions and causes of action whatsoever, arising from or relating to any damage, loss or injury, either to person or services you will provide me; and I agree not to commence any suit, action of law, or make any claim against you for or by property or both, arising from or relating to the transportation services you will provide me.

Insurance

I understand that you currently have a standard commercial liability insurance policy covering the transportation services. If this Release is determined by a court of competent jurisdiction to be unenforceable, then I agree that any monies I may be entitled to recover against you will be limited to the monies payable under such insurance policy.

Patient Name: _____
Address: _____
Phone : _____
School: _____
Parent/Guardian: _____