

RESTORE MOBILITY FOR THE BLIND

Client Agreement

- I confirm that my representative or I have read, clearly understand and agree to abide by the guidelines listed below and those in the RMFTB Client Brochure.
- I understand that this is a volunteer organization and that while all reasonable attempts will be made to meet my request, services cannot be guaranteed.
- I understand that Restore Mobility for the Blind services are provided by staff and volunteers, and transportation is provided in their vehicles.
- I agree to communicate all of my needs to the RMFTB office a ***minimum of three (3) full business days prior to my appointment.***
- I agree to provide the RMFTB office and my volunteer detailed directions to my home, destination and to inform them in advance when I will be using a cane or walker or need any type of additional assistance.
- I understand that RMFTB volunteers cannot sign official documents or take medication or care orders from my physicians or other medical personnel.
- I agree to adhere to the stated times and services. I will not request additional services from a volunteer or request their phone number.
- I understand that all services are for registered RMFTB clients only. I will not request transportation or any other assistance for someone who is not registered with RMFTB as a client.
- I understand that if I will receive two written notifications for “no shows” and upon receiving the third, I will not be allowed to schedule rides for 30 days.

Print Name _____ Date _____

Signature _____

RMFTB Approval _____ Date _____

RESTORE MOBILITY FOR THE BLIND

WAIVER OF LIABILITY

- If I am involved in an incident involving known or suspected injury or damage to persons or property, I will make a written report to RMFTB.
- I understand that RMFTB assumes no responsibility or liability for any loss, damage, or injury to persons or property as a result of receiving the services of RMFTB, and that my participation in RMFTB indicates my awareness and acceptance of the preceding disclaimer of responsibility and liability.
- I agree to release RMFTB and all of its officers, board members, staff, volunteers, and clients, without limitation or qualification, from any and all liabilities, and claims, which might be made for any losses, expenses, acts of nature, or damages of any kind or description.
- I understand that it is my responsibility to secure my own appropriate medical, automobile, and/or personal injury insurance coverage for my own protection.

Print Name _____ Date _____

Signature _____