

SIERRA COUNTY CANCER ASSISTANCE, INC.
HC32 Box 8174, TRUTH OR CONSEQUENCES, NM 87901
575-740-3971 srfoxie@gmail.com

CANCER PATIENT TRANSPORTATION PROCEDURE & LIABILITY RELEASE

In consideration of being provided no-cost transportation for medical purposes by Sierra County Cancer Assistance, Inc., I hereby release Sierra County Cancer Assistance, Inc., including all its employee's, agents and volunteers from any and all liability for any injuries or death that may result to me from this transportation, whether incurred by negligence or otherwise. I understand that in transporting me, the Sierra County Cancer Assistance, Inc. is not performing in the role of a common carrier for hire and does not bear the liabilities attached to that status.

I acknowledge that I voluntarily accept such transportation and that I am under no compulsion or obligation to do so. I understand that by accepting such transportation, I incur no obligation towards Sierra County Cancer Assistance, Inc., except that imposed by this release. I agree that this release not only binds myself, but also my family heirs, assigns, administrators and executors.

Additionally, I acknowledge by the release that I am bound by all HIPPA laws with respect to patient privacy and I agree to not discuss or disclose any medical information to any person or persons which I received from any and all patients during the transportation process.

Patient Signature

Date

Patient's Printed Name