



Patient Transportation Agreement

Patient Name: _____ Date of Birth: ____ / ____ / ____

Pick-up location: _____
Street City State Zip

Driver Name: _____

Destination: London Woodland Crowne Pointe Nicholasville Bowling Green Paducah

Other: _____

Address: _____
Street City State Zip

1. I agree to have no weapons, illicit substances, or other contraband in my possession or in the vehicle during transport. If I breach this policy, I may be subject to arrest.
2. I agree to be outdoors with my luggage at the scheduled pick-up time.
3. I may not bring anyone else with me.
4. No animals are permitted in Stepworks' vehicles other than registered support animals.
5. There is no smoking, eating, or drinking in Stepworks' vehicles. If I violate this policy, I will be denied further transportation.
6. If I am not ready when Stepworks arrives, Stepworks will refuse transportation and future requests for transportation.
7. Stepworks is not responsible for loading luggage or assisting in entering or exiting the vehicle.
8. If the driver determines that I am too intoxicated or unruly to be transported, Stepworks will refuse transportation and future requests for transportation.
9. Unless it is an emergency situation, Stepworks cannot make stops on the way to my destination.
10. There is a camera recording at all times in Stepworks' vehicles. I consent to audio and visual recording in a Stepworks vehicle.
11. Stepworks is not responsible for accidents or injuries, including death, that may occur during transportation.

Patient Signature: _____ Date: ____ / ____ / ____

Driver Signature: _____ Date: ____ / ____ / ____