



Homestead Transportation Agreement

I understand the Homestead Program is not a state or municipal agency and therefore does not have a government blanket of automobile insurance on each vehicle in which I might travel. I understand that the risk I take riding with staff or residents is the same as I take by riding with other friends and family and that Homestead has no liability.

I have read the agreement and understand the contents.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

I understand that by transporting other residents I take the same responsibility I would when picking up friends or family to accompany me to a destination. I understand that if an accident should occur, Homestead has no fault, blame or liability for the occurrence. Any damage, repair, medical payments for me and other passengers, or property damage would be applied to my personal auto insurance as would be customary in any other driving situation.

I have read the agreement and understand the contents.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____