



Request for Transportation

I, the undersigned, hereby allow, authorize, and consent for my child to ride the "CYBER BUS" provided by The Alignery, LLC, to and from Causey Orthodontics of Gainesville. The undersigned agrees that the "CYBER BUS" may pick up my child from school for an appointment with Dr. Causey and be returned to school following the appointment with Causey Orthodontics. The undersigned consents for my child to be taken out of school by the person driving the "CYBER BUS" for the purpose of an appointment with Causey Orthodontics and agrees to execute and sign a consent authorizing the school to release my child to the "CYBER BUS." The undersigned agrees and understands that my child shall be picked up and/or delivered at school only at the designated times of operation by the "CYBER BUS."

My child does not have the authority to change the time and/or date of any orthodontic appointment. Such appointment can only be changed by the undersigned. The undersigned agrees that Dr. Causey or the operator of the "CYBER BUS" shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the "CYBER BUS." Any misbehavior or misconduct on the part of my child results in my child not being permitted to ride the "CYBER BUS." The undersigned hereby releases and forever discharges Mark Causey, Causey Orthodontics of Gainesville, The Alignery, its employees, agent representatives, drivers, heirs, and assigns from any and all claims, causes of action, suits or injuries arising out of or in any way connected with all the children riding the "CYBER BUS." This request for transportation is valid for the entire duration of the patient's treatment.

Date: _____

Patient Name: _____

Patient/Parent/Legal Guardian (Print): _____

Patient /Parent/Legal Guardian (Signature): _____

Email: _____

Phone #: _____