AGREEMENT to NOT TRANSPORT CLIENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (provider's printed name) agree to not transport any clients that I work with through ACCENT on Family Care Services, llc. I also understand that I cannot drive any vehicle with any person in the vehicle while I am being paid as a provider with ACCENT on Family Care Services, llc.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent/guardian's printed name) understand that at no time can the above named provider transport any person that the provider works for or anyone else while working as an employee of ACCENT on Family Care Services, llc.

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Signature of Provider date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian date