

# BIG CANOE® WELLNESS COLLABORATIVE

## CLIENT SERVICE AGREEMENT

In return for receiving free volunteer services from the Big Canoe Wellness Collaborative, I acknowledge, confirm and agree to the following:

- I would like to request non-emergency, short-term services from the Wellness Collaborative, including services such as transportation assistance from the **BC Rides** program, meals through the **BC Meals** program, and companion services from the **BC Visits** program (other services to be added as needed). I understand that fulfillment of this request is subject to the availability of volunteers.
- I have reviewed the written criteria for clients of these programs and certify that I meet the criteria applicable to the program I intend to utilize.
- I acknowledge that any services I receive will be provided without compensation by volunteers using their vehicle, ingredients and/or equipment. I also understand that Georgia law grants immunity from liability to persons who provide volunteer transportation to senior citizens as long as they act in good faith.
- I further acknowledge that such volunteers are not licensed, trained or qualified to provide medical, caregiver or other specialized services. I also understand that the Wellness Collaborative specifically does not agree to provide such services in the course of our companion services. In the event a volunteer determines, in the exercise of his or her reasonable discretion, that it is in the client's best interest for the volunteer to attempt to provide such specialized services, I hereby assume the risk of any injury or damage that may occur as a result of such attempt.

In consideration for receiving such volunteer services at no cost, I do hereby, on behalf of myself and my spouse or other family member, release the Big Canoe Wellness Collaborative, its programs, and any other officer, agent or volunteer thereof, from any liability or injury arising out of or related to the provision of such services including but not limited to the transmission of, exposure to or contracting of COVID-19.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

