



## ILRC Transportation Waiver

I, \_\_\_\_\_, understand that ILRC is not liable for any injury incurred if I must use the lift mechanism on the ILRC Transportation Buses without the aid of a wheelchair. I am solely responsible for using the lift mechanism in this manner.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

