

# Scott Transportation

232 Main St Suite 10  
Fort Fairfield, ME 04742  
Phone (207) 473-0063  
Fax (207-473-0064

## PASSENGER RELEASE, INDEMNIFICATION AGREEMENT AND RIDER AUTHORIZATION

The undersigned, being of lawful age, and with knowledge of the hazards involved in the transportation industry, hereby voluntarily agrees and/or represents as applicable:

1. That in exchange for free transportation on a company owned vehicle or driver leased vehicle, the undersigned (hereinafter Passenger) hereby releases and forever Scott Transportation, Inc., its affiliates and subsidiaries, officers and employees from any and all claims, losses, injuries or damages, including personal injury or death, resulting directly or indirectly from the Passengers presence as a passenger on a Scott Transportation, Inc. truck.

2. Passenger agrees to indemnify, defend and hold Scott Transportation, Inc. harmless from any injury or loss resulting to Scott Transportation, Inc. or any third party arising from the Passengers presence on any Company owned or Driver leased vehicle.

### Passenger Information: (please print legibly)

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

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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Name and Phone Number:

I the undersigned acknowledge that I have fully read this agreement understand its content and have voluntarily signed below.

\_\_\_\_\_  
Passenger Signature (if over the age of 18.)

\_\_\_\_\_  
Date

I hereby authorize this passenger to ride with \_\_\_\_\_  
Driver name

Authorized by: \_\_\_\_\_

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

Ending Date: \_\_\_\_\_