



Kelly E. Morgan DMD, MS
 Specialist in Orthodontics
 and Dentofacial Orthopedics
www.morganorthodontics.com
 19420 Golf Vista Plaza, Suite 120
 Lansdowne, VA 20176
 T: 703.723.5900 F: 703.723.5592
 E: dr@morganorthodontics.com

Request of Transportation

I, the undersigned, _____, the parent and/or legal guardian of _____, hereby allow authorize and consent for my child to ride in the “**Ortho Limo**”, provided by **Dr. Kelly E. Morgan DMD, MS, PC** through Reston Limousine and Travel Service, Inc. The undersigned agrees to execute and sign a consent authorizing the school to release my child to the “**Ortho Limo**”. The undersigned understands that **a new consent form has to be filled out and signed for each current school year**. The undersigned agrees that the driver of the “**Ortho Limo**” may pick up my child from school for an appointment with **Dr. Kelly E Morgan DMD, MS** and return my child to school after such appointment. The undersigned understands and agrees that my child shall be picked up and/or returned to school only at designated times of operation by the “**Ortho Limo**”. Only the undersigned will give the authority to change the time and/or date of any orthodontic appointment. The undersigned agrees that **Dr. Kelly Morgan DMD, MS** shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the “**Ortho Limo**”. **Any misconduct on the part of my child could result in my child not being permitted to ride the “Ortho Limo”**. The undersigned understands that the “**Ortho Limo**” is a service provided by **Dr. Kelly Morgan DMD, MS** through Reston Limousine and Travel Service, Inc. at no extra charge to you. While the Limo is transporting to and from the office. The undersigned releases and discharges **Dr. Morgan DMD, MS and Morgan Orthodontics (Kelly E. Morgan DMD, MS, PC)**, the employees, agents, representatives, drivers, heirs, and assigns from any and all claims, liability, causes of action, suits, or injuries (“**Claims**”) arising out of any way connected with my child riding the “**Ortho Limo**”. Such waiver includes claims caused by negligence, recklessness, or intentional acts. The undersigned agrees to indemnify and hold them harmless of all such claims, causes of actions, suits, or injuries including all attorney’s fees and costs of litigation. I also give consent for my child to be video recorded while on the limo (for security purposes only), and for videos to be sent home via email (to keep parents informed). Also, I consent to pictures being used for social media or other marketing purposes (children’s full names will NOT be used on Facebook, etc.)

This request for transportation is valid for the entire school year beginning August 22, 2019 and ending June 9, 2020

Dated this _____ day of _____, 20_____.

 Parent and/or Legal Guardian Signature

 Child’s Name (Please Print)