

PASSENGER AUTHORIZATION FORM

DATE: _____

TO WHOM IT MAY CONCERN:

This letter constitutes authority for _____ to be transported as a passenger
(passenger)

On Unit # _____ with _____ as the only driver.
(driver)

From _____ to _____ and return.
(departure) (destination)

This covers the period from _____ to _____ over routes authorized by
(date) (date)

_____. This does not authorize _____ to operate the
(the company) (passenger)
unit at any time.

For my own protection, I hereby request coverage for the above named passenger under the Passenger Accident Policy.

I _____ by my signature hereby release and acquit and forever
(passenger)
discharge _____ and their agents, representatives, and all other
(the company)
persons of any claims, demands, and damages of any kind, known or unknown resulting in
personal injury, death, or property damage arising from any accident or incident while an
occupant in any vehicle owned or contracted to _____.
(the company)

I _____ understand and agree that any benefits provided by the Passenger
(passenger)
Accident Policy will be paid directly to me or my estate unless I designate otherwise at
The time coverage is issued.

PASSENGER SIGNATURE

OWNER OPERATOR OR DRIVER

PARENT/GUARDIAN
(IF PASSENGER IS UNDER 18)

AUTHORIZED BY
