FORM 1

PASSENGER NO LIABILITY FORM

Office: ________________________________

I hereby accept that [Insert Organisation Name] is NOT liable in any way for financial compensation to me for any DAMAGE or LOSS to my person or my property (or that of my organization) as a result of using [Insert Organisation Name] transportation or facilities.

Name: __________________________________________________________

Signature: ______________________________________________________

Date of Signature: ______________________________________________

Date of Travel: ________________________________________________

Details of Vehicle / Journey: ______________________________________

Details of Items being carried (If applicable)________________________