



# A Breath of Hope

LUNG FOUNDATION

## Patient Transportation Program

### **ABOH Program Participant Agreement: PART 1, Eligibility** *(signature required on pages 2 and 4 – please return entire four-page agreement)*

*COVID-19 Safety Protocol: Until further notice, patients and volunteer drivers are required to wear a mask while in the volunteer's car.*

Welcome to A Breath of Hope Lung Foundation's Transportation Program. A Breath of Hope Lung Foundation (ABOH) uses trained volunteers to provide rides to lung cancer screening appointments, medical appointments, and support group meetings. ABOH conducts a background check and reviews driving records for volunteer drivers and companions.

#### **To be eligible to receive rides, participants must:**

- Be a lung cancer patient at a partner hospital (program is currently offered in the Twin Cities, Minnesota and through Lee Health in Fort Myers, Florida).
- Be ambulatory (the use of a cane or walker is acceptable, but volunteer drivers cannot assist clients using wheelchairs).

#### **Program information for those receiving rides:**

- The ABOH transportation program is a supplemental driving service.
- You may request rides for one of the following: Screening, treatment, medical appointments, or a support group meeting. (Pharmacy pick-ups OK after appointments)
- Be on time for selected pick-up time.
- Call ABOH staff if the volunteer has not arrived for a scheduled ride.
- Inform ABOH staff of any cancellations or changes at least two days before the appointment if possible. Please minimize cancellations.
- Understand that three non-emergency-related cancellations will result in a three-month probationary period in which we will not be able to provide driving services to you.
- Always wear a seat belt when seated in the volunteer driver's car.
- Understand that all rides are subject to driver availability.
- Receive permission from ABOH staff to receive more than twenty rides/year.
- Ride requests made five days or more in advance of the medical appointment allow adequate time to coordinate a volunteer driver for your ride.
- Patients will receive a confirmation call when a volunteer driver is found.
- Do not assume you have a ride until ABOH staff confirm. If a volunteer driver cannot be found for a requested ride, you will be notified 24 hours before your scheduled

appointment.

- Volunteer drivers will call you to confirm pick up details the day before the ride.
- If you feel uncomfortable with your volunteer driver or have a complaint about their driving, please contact ABOH staff. A patient has the right to ask the volunteer to return them to their home at any time. Patients are invited to bring one caregiver to appointments if they wish.

By signing below, I indicate that I have read carefully and understand the eligibility requirements above, and I agree to its terms and conditions.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Caregiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ (if applicable)

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## **ABOH Program Participant Agreement: PART 2, Application**

**First time applicants - please provide the following information:**

1. Patient first and last name: \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Patient Phone number: \_\_\_\_\_ Cell/Home
4. Patient Address: \_\_\_\_\_
5. Caregiver first and last name: \_\_\_\_\_
6. Caregiver signature: \_\_\_\_\_
7. Caregiver phone number: \_\_\_\_\_ Cell/Home
8. Caregiver email: \_\_\_\_\_
9. Date of first appointment: \_\_\_\_\_
10. Time of appointment: \_\_\_\_\_
11. Name of medical facility: \_\_\_\_\_

12. Address of medical facility: \_\_\_\_\_

13. Doctor or Social Worker’s name: \_\_\_\_\_

14. Expected length of appointment: \_\_\_\_\_

15. Will your caregiver ride with you to and from appointments? Yes/ No/Maybe

16. Is there anything else you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*To request a ride in the Twin Cities area of Minnesota, call 952-456-2845 or email ABOH at SupportMN@abreathofhope.org

\*To request a ride in in the Fort Myers area of Florida, call 239-986-2812 or email ABOH at SupportFL@abreathofhope.org

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**ABOH Program Participant Agreement: PART 3, Accident Waiver/Release of Liability** *(signature required)*

**COVID-19 Safety Information:** While participating in programs sponsored by A Breath of Hope Lung Foundation, (“ABOH”) “social distancing” must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to- person contact, ABOH has put in place preventative measures to reduce the spread of COVID-19. However, ABOH cannot guarantee that its program participants or volunteers will not become infected with COVID-19.

Individuals who fall within any of the categories below should not engage in ABOH in-person programs, events and/or other face to face activities. By participating in an ABOH program, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath, among others.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID- 19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious

by state or local public health authorities or their health care team.

**Duty to Self-Monitor:** Program participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact staff if experiencing symptoms of COVID-19 within 14 days after participating in this program.

**Liability Waiver and Release of Claims:** I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation with ABOH, and I willingly engage in ABOH programming and/or events (the “Activity”).

**Assumption of the Risk:** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

**A.** I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The A Breath of Hope Lung Foundation, (ABOH) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, volunteers and any health care facility from which I am traveling to and from, including said facility's directors, officers, employees, volunteers, representatives, and agents;

**B.** INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

**C.** I acknowledge that ABOH and the healthcare facility from which I am traveling to or from, their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

**D.** I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Caregiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_