

Arion Care Solutions

Declination of Transportation Services

In lieu of signing the Transportation Waiver, I _____,
responsible party for _____, decline all transportation
services from Arion Care Solutions, LLC.

I understand that staff is not cleared to provide transportation services at any time, for any
reason without the appropriate documentation and I decline all such services at this time.

Signature: _____

Printed Name: _____

Client Name: _____ Date: _____