



BalanceNrenew LLC
Los Angeles CA, 90016
323.507.3418

www.rebuild-balancenrenew.com

TRANSPORTATION AGREEMENT

On this date: _____ you are signing into contract that BalanceNrenew LLC will provide transportation service. Please note the transportation agreement is only valid for the timeframe or dates listed. A new form must be completed thereafter. If the service you requested requires specific dates, times, for multiple days you will also need to complete a service agreement form. Without a service agreement your tentative dates are not guaranteed, and you must confirm availability for each trip.

If location for pick up and drops offs change you will need to send a written request by text, or email to support@[balancenrenew.com](mailto:support@balancenrenew.com) or call 323- 507-3418. Please make changes 8 hours in advance of transportation.

Please note: All children under 40 lbs. or 4 years will be placed in a safety-approved car seat which will be provided by a parent/legal guardian. All other children will be required to wear a seat belt at all times. We carry a notebook with copies of all Emergency Medical Information, as well as pictures of each child in our care. In the event of an emergency your child will be cared for and you will be notified as soon as possible.

I, _____, give permission to receive transportation for myself and the riders and or under-age riders listed below and permit them to travel in a moving vehicle with BalanceNrenew LLC employees.

If you need terms and conditions and FAQ's, please review at rebuild-balancenrenew.com or request an email copy before signing.

Thank You

Riders: _____

Riders: _____

Riders: _____



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1st pick up:

Time: _____

1st Dropoff:

Time: _____

2nd pick up

Time: _____

2nd Drop off:

Time: _____

Will your pickup and drop off location changing in the future? Circle Yes or No

(If yes, please send us a text or email with changes). Your transportation contract will be modified according to location changes which can alter pricing, in this case a notice will be sent out.

Duration of transportation:

One time only _____ (prices are higher for single trips)

Package (4 trips) _____ Package (6 trips) _____ Package (8 trips) _____

Emergency Contact:

(name, phone number, relationship)

Parent/Legal Guardian: _____ Date: _____

Address: _____

Phone number: _____

Email: (optional) _____