



Seatbelt/Transfer Refusal

I have been advised by _____ (driver's name), that it is safer to

_____ wear a seatbelt / shoulder belt / lap belt. I have chosen not to wear the safety belt and accept the safety risk.

_____ transfer out of my mobility device and ride in a seat for my trip. I have chosen to remain in/on my mobility device and accept the safety risk.

Passenger Name (Printed)

Passenger Signature

Date

Additional Information/Comments:

