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| Covid-19 Car Share Passenger Agreement-19 Car Share Agreement | Logo  Description automatically generated |

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| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |
|  | First Name |  | Middle Name |  | Last Name |
| **I DO Agree** |
| Please tick |
| **I DO NOT Agree** |
| Please tick |
| To follow and comply with PPE guidance when car sharing. I will wear a mask at all times when inside the vehicle. As a passenger I must sit in the back on the opposite the driver’s side. |
| Should my driver break the conditions of this agreement I am to inform:CLINICIAN CARE 0345 894 2264cliniciancare@catalystgrp.co.uk |
|  |  |  |  |  |
| Signature: |  |  | Date of Signature |  |  |  |  |  |
|  |  |  |  |