



### Consent and Liability Release for Minors

Minors 13 and above require specific approval by the Department of Health Care Policy and Financing to travel without a parent or guardian. Children 12 and under not eligible to travel alone.  
Mail, email or fax your completed form to IntelliRide

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicaid ID # \_\_\_\_\_

I, \_\_\_\_\_ (name), hereby affirm and attest that I am the parent/legal guardian of the named minor. This minor is eligible to receive Health First Colorado funded services, including transportation under the Non-Emergency Medical Transportation (NEMT) I hereby authorize IntelliRide to arrange transportation for this minor without an adult escort in compliance with the state's requirements, an adult will be present to accept the minor at the destination and return location.

By authorizing IntelliRide to arrange transportation, I hereby release and indemnify IntelliRide, its employees, officers, agents, parent company and affiliates and contracted transportation providers and their employees, officers, agents, parent companies and affiliates of any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection to the transportation provided.

Guradian's Printed Name \_\_\_\_\_  
Relationship to Minor \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Phone#: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Any Questions, please call IntelliRide at (855)489-4999

For IntelliRide use only  
Date Rec'd \_\_\_\_\_ Date Entered \_\_\_\_\_

Please send completed form to: Fax (720) 302.0106 | Email: us.coclinicalcoordinator@transdev.com

**IntelliRide, LLC**  
2775 S Vallejo St  
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