

Client Service Agreement

This agreement is dated this _____ day of _____, 2011, by and between *GO-FORS, INC. TOO* a New Mexico non-profit corporation and _____, ("Client"), for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, agree as follows:

1. SERVICES. From time to time, Client may request for service (first come-first serve basis) that *GO-FORS, INC. TOO* agrees to either perform or assist in, including the following:

- Check one: _____ **Accompany to appointments as requested**
- _____ **Accompany to appointments as requested via accessible van**

2. FEE. To compensate *GO-FORS, INC. TOO* for services to be performed on Client's behalf from time to time, Client agrees to pay *GO-FORS, INC. TOO* as follows:

\$34.12 per hour. (A 15% discount is offered to seniors and those with disabilities - \$29.00.)
Minimum service time: 1 hour, 2nd hour prorated by quarter hour. Weekly Invoicing. Terms: Due Upon Receipt

Discount does not apply after hours or on weekends and holidays.

A mileage rate of .47 cents a mile is charged for all miles traveled.
A cancellation not made 24 hours prior to the appointment time is subject to a one hour charge.

3. TERM. This agreement between *GO-FORS, INC. TOO* and the Client shall continue in full force and effect until either party gives notice to the other of termination. Upon termination of this agreement, Client agrees to immediately pay *GO-FORS, INC. TOO* for any and all services performed to the date of termination. Payment is due upon receipt of invoice.

4. LIMITATION OF LIABILITY. Except for the gross negligence of *GO-FORS, INC. TOO*, Client agrees to indemnify and forever hold harmless *GO-FORS, INC. TOO*, its directors, officers, employees and agents, from and against any and all claims, attorney's fees, resulting from or in any way relating to this Agreement or the services provided by *GO-FORS, INC. TOO* (including its agents and employees) to Client.

IN WITNESS WHEREOF, *GO-FORS, INC. TOO* and Client have entered into this agreement on the date set forth above.

Client

Signature: _____ Phone: _____

Address: _____ City, State, Zip: _____

Billing Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Emergency Contact: _____ Phone: _____

Address: _____ City, State, Zip: _____

GO-FORS, INC. TOO

Name _____ Its: _____