

**Client Service Agreement**

This agreement is dated this \_\_\_\_\_ day of \_\_\_\_\_, 2008, 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:

\$32.35 per hour. (A 15% discount is offered to seniors and those with disabilities - \$27.50.) plus New Mexico state tax, billed weekly after the services. Minimum service time: 1 hour.

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

A mileage rate of .45 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: \_\_\_\_\_