

Passenger Forms

PASSENGER REGISTRATION FORM

Dr Mr. Mrs. Ms. NAME: _____

HOME ADDRESS: _____

(Number, street name & apartment/suite number)

(City / Town Zip Code)

DEVELOPMENT NAME: _____

DATE OF BIRTH: _____

Preferred PHONE: _____ *(Circle: Home or Cell)*

Alternate PHONE: _____ *(Circle: Home or Cell)*

EMERGENCYCONTACT*: _____

Address: _____

City: _____

State: _____ Zip: _____ E-Mail: _____

Relationship: _____

EMERGENCY CONTACT PHONE NUMBER: _____

CELL PHONE: _____

Note: This number must be different from the home or cell phone listed for the passenger.

* Emergency Contacts may be included in periodic mailings from HarGo Ride.
WILL ANYONE BE TRAVELING WITH YOU? yes no If yes,

name_____

Each passenger must have a Passenger Waiver Form signed and on file in our Office before a ride can be scheduled. Extra Waiver on reverse of Passenger Waiver. DO YOU HAVE ANY NEEDS A DRIVER SHOULD KNOW? (Ex: limited vision, walker use; need assistance walking;

CAN YOU STEP UP INTO TALLER VEHICLES? YES NO _____

Do you speak/understand English: YES NO If no,

Language: _____

Name of English speaking contact: _____

How did you hear about HarGo Ride? _____

Are you a Veteran? YES NO

Demographics: This information is helpful when Neighbor Ride is applying for grants.

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) _____

Yes _____ No. _____ American Indian or Alaska Native _____ Asian _____

Black or African American _____ Native Hawaiian or Other Pacific Islander

We have an optional online system for clients/family who would like to manage their HarGo Ride account and rides via a computer. If you would like to use this online system please provide your email address here: _____

HarGo Ride Fund Application

(Fill out this form only if you are on a limited income and you qualify for other county services)

Housing: (Please circle) Own home rent home Group home / Rehab /Assisted Living
Live in a relative's home (see below)*

*If you live with your relative or are claimed as a dependent for the current year's income tax, please list total household income on the form below.

Please complete financial information for yourself, spouse, or household if applicable;

Please attach proof of income (i.e. social security statements)

Monthly Income Self Spouse Household

Wages \$ \$ \$

SSDI \$ \$ \$

Social Security \$ \$ \$

Pension/Retirement \$ \$ \$

Veteran's Benefit \$ \$ \$

Trust/Annuity \$ \$ \$

Other Income \$ \$ \$

I swear and affirm under penalty of perjury that all the information I gave is true, correct, and complete to the best of my ability, belief, and knowledge. I understand a credit, background check or further documentation (ie: tax return) may be required.

Applicant's Signature: _____

Date: _____

Passenger Acknowledgement and Waiver

I, _____, hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of HarGo Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Hargo Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless HarGo Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that 911 provides. A copy of the emergency procedures and protocols are available upon request from the office of HarGo Ride.

I further acknowledge and agree that the terms of my prepaid account with HarGo Ride, and the corresponding funds contained therein, are such that in the event my prepaid account is inactive for any 6 (six) month period and after HarGo Ride has exhausted reasonable efforts to contact me, all funds in my prepaid account shall be forfeited and shall henceforth immediately become the sole property of Hargo Ride.

Signed: _____ Date: _____

Please print name: _____

Phone: _____ Cell Phone: _____

Emergency Contact _____ Relationship: _____

Phone: _____ Other #: _____ *This*

form is for an additional passenger that may travel with you.

HR passenger you are riding with _____

Additional Passenger Acknowledgement and Waiver

I, _____, hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of HarGo Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Hargo Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless HarGo Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that 911 provides. A copy of the emergency procedures and protocols are available upon request from the office of Hargo Ride.

Signed: _____ Date: _____

Please print name: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ (must be different than the person you are riding with).

Relationship: _____ Phone: _____