



LA HABRA SHUTTLE, RIDE WITH PRIDE REGISTRATION FORM



NAME _____

ADDRESS _____

CITY _____

ZIP _____

Phone Number _____

AGE _____

DOB _____

PHOTO ID WITH PROOF OF AGE & ADDRESS MUST BE PROVIDED

DRIVER SPECIAL INSTRUCTIONS: _____

Do you have any physical or functional limitations? Yes No

If yes, please describe: _____

Do you require a mobility device or special equipment for transport? Yes No

If yes, please check all that apply & answer the following questions:

Cane Walker Wheelchair Electric Wheelchair Mobility Scooter Oxygen

Are you able to enter/exit the shuttle without your mobility device? Yes No

Are you able to transfer from a wheelchair to a seat without assistance? Yes No

Will a caregiver be traveling with you? Yes No

If yes, please provide the caregivers name & phone number: _____

**Caregivers 18+ years of age can ride the La Habra Shuttle free of charge when accompanying a patient.
All caregivers must be a registered in the La Habra Shuttle program and assigned an ID number.**

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Phone: _____ Phone: _____

Address: _____

2. Name: _____ Relationship: _____

Phone: _____ Phone: _____

Address: _____

CONTINUED ON THE BACK



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I have received the La Habra Shuttle brochure, and understand the program guidelines. _____ (Initials)

RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT

For and in consideration of my participation in the La Habra Shuttle program sponsored by the City of La Habra, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of participation in said recreational program or any activities incidental thereto wherever or however the same may occur and for whatever period said program may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against the City of La Habra and its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. BY THIS INSTRUMENT, I EXEMPT AND RELIEVE THE CITY OF LA HABRA, AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY PERSON OR ENTITY.

The Undersigned, for him/himself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injuries, property damage or wrongful death shall be prosecuted against the City of La Habra and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, he/she shall defend, indemnify and save harmless the same City of La Habra and the aforementioned related parties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including reasonable attorney's fees) by whomever or whenever made or presented for said personal injuries, property damage or wrongful death.

In case of accident or other emergency, the Undersigned hereby gives permission for the City of La Habra and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment. The Undersigned further agrees to pay any costs incurred as a result of such treatment. In addition, the Undersigned has been notified that participants involved in City-sponsored recreation programs are subject to being photographed or videotaped, and he/she hereby gives permission for the City of La Habra to use such photographs or videotapes to publicize and promote the City's recreation programs.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS PERSONALLY READ, UNDERSTANDS, AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT, IS FULLY AWARE OF THE POTENTIAL RISKS AND HAZARDS WHICH ARE INHERENT TO ENGAGING IN THE SPECIFIED RECREATIONAL PROGRAM OR ANY ACTIVITIES INCIDENTAL THERETO, INCLUDING BUT NOT LIMITED TO, ANY NEGLIGENT ACTS PERFORMED BY THE CITY OF LA HABRA AND/OR ITS OFFICERS, OFFICIALS, AGENTS, CONTRACTORS, VOLUNTEERS, BOARDS, DEPARTMENTS, SERVANTS OR EMPLOYEES, NEGLIGENTLY CREATED OR MAINTAINED DANGEROUS CONDITIONS OF PUBLIC PROPERTY, WEATHER CONDITIONS, EQUIPMENT, MACHINERY, PLAYING CONDITIONS, OTHER PARTICIPANTS, ON-SITE PHYSICAL PREMISES, STRUCTURES OR SUBSTANTIAL WORKS OF IMPROVEMENT. THE UNDERSIGNED VOLUNTARILY ASSUMES ALL RISKS OF LOSS, DAMAGE, OR INJURY ASSOCIATED WITH HIS/HER PARTICIPATION IN THE SPECIFIED RECREATIONAL PROGRAM OR ANY ACTIVITIES INCIDENTAL THERETO.

SIGNATURE

DATE

OFFICE USE ONLY:

Age Verified: _____
Address Verified: _____
Membership Number: _____
Vendor Updated: _____

NOTES:

