



Rider Enrollment Form

Personal Information:

Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Phone: _____ Cell: _____

Date of Birth _____ .

Vaccination: Yes ___ No ___ Boosted: Yes ___ No ___

Enter Brief Description Of Yourself: _____

Emergency Contact Information:

Name: _____

Relation: _____

Phone: _____ Cell: _____

Email Address: _____

How did you hear about iRIDE?: _____

What form of transportation are you currently utilizing?: _____

Do you require physical assistance? ___ YES ___ NO

If yes, please describe: _____

If assistance is needed, an enrolled caregiver must accompany the rider.

In order to better serve you, check all items below that apply to you.

Mobility Needs

___ Cane Walker (Light Weight) ___ Walker (With Seat) Other: _____

Health

___ Vision Impaired ___ Hearing Impaired ___ Oxygen Tank Non-Ambulatory

For statistical purposes only: (Optional)

Please fill out the information below for statistical purposes. The information you provide will be for statistical purposes only and is strictly optional.

Race: _____ Marital Status: _____ Religion: _____

Gender ___ Female ___ Male Date of Birth: _____

Primary Language: _____

Medical Insurance: _____



Please read, sign, and return to the iRIDE Petaluma, 1500 Petaluma Blvd. South, Petaluma, CA 94952 before receiving your first ride. Thank you.

General:

- Please notify the iRIDE office of ride cancellations with at least 24 hour notice. Excessive cancellations may result in dismissal from the program;
- Riders must be prepared to depart at the requested pick-up time;
- Riders must be mentally alert and ambulatory or able to self-transfer into and out of the vehicle. If not, caregiver enrollment is required;
- Please do not tip the drivers. Those riders who would like to donate money may donate directly to the program; and
- If there is a problem or concern with a Driver, Riders should call PPSC and notify the staff immediately at 707-765-8488.
- A minimum advance notice of 7 days is required for all appointments. The maximum notice is 1 month prior to the appointment.

Signature: _____

Date _____

Release and Waiver of Liability and Indemnity Agreement

In consideration of my voluntary participation in an iRIDE Petaluma program, I _____, agree to the following: I hereby release, waive, indemnify and hold harmless, Petaluma People Services Center, its Directors, Officers, employees, and volunteers from any loss, liability, and damage due to my voluntary participation in the transportation program.

I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Signature of Rider

Date

Print Name