



Del Mar Community Connections

Transportation Program

Office Use Only:

Programs Applying For: <input type="checkbox"/> Bus <input type="checkbox"/> Dial-A-Ride Taxi Voucher <input type="checkbox"/> Volunteer Driver Program	Proof of DM Residency: <input type="checkbox"/> Utility Bill <input type="checkbox"/> Handicap Placard	<input type="checkbox"/> CA DL/ID <input type="checkbox"/> Physician Confirmation <input type="checkbox"/> Tax Return
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NAME _____ DATE _____

ADDRESS: _____

____ Del Mar, CA 92014 _____ Tel. _____

Emergency Contact: _____ Tel. _____

Primary Care Physician: _____

Physician's Telephone number _____

Are you a senior? Yes ___ No ___ Do you have a special need? Yes ___ No ___

___ Use a cane ___ Use Crutches ___ Use Wheelchair ___ Use Oxygen

___ Trouble getting in/out of car

ANY OTHER PHYSICAL DISABILITIES OF WHICH DRIVER SHOULD BE AWARE? (List below)

- Please see reverse -

P.O. Box 2947, Del Mar, CA 92014
e-mail: dmcc@dmcc.cc

Phone: 858-792-7565 Fax: 858-793-3689
Website: <http://www.dmcc.cc>



Del Mar Community Connections

**RIDER AGREEMENT
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY**

In consideration of my voluntary participation with the Del Mar Community Connections Volunteer Drivers Program, I, _____, hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Del Mar Community Connections, its officers, employees, and volunteers, from any loss, liability, and/or damage due to my voluntary participation in the Volunteer Drivers Program;

I hereby assume full responsibility for and 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 of inducement, apart from the foregoing written agreement, have been made.

Signature of Rider

Date

Office Use:

Date Provided:

_____ Bus Rider Code of Conduct

_____ Dial-A-Ride Information Sheet

_____ Volunteer Driver Information Sheet