



Return your registration form:

By Phone (804) 643-RIDE or 1-800-693-RIDE
By Fax (804) 649-2513
By Mail 1111 East Main Street
P.O. Box 1239
Richmond, VA 23218-1239

* - required fields

***LAST NAME:** _____ ***FIRST NAME:** _____

Mailing Address

*Address: _____

*City, State: _____ *Zip: _____

Home Contact Information

*Phone: _____ Fax: _____

E-mail: _____

Commute Origin (If different from mailing address):

Address: _____

City, State: _____ Zip: _____

Work Contact Information

*Employer's Name: _____

*Phone: _____ Fax: _____

E-mail: _____

*Address: _____

*City, State: _____ *Zip: _____

Work Schedule:

*Start: _____ am / pm (circle one) *Stop: _____ am / pm (circle one)

I heard about RideFinders through (Check main one):

- | | | | | | |
|----------|------------|--------|-----------------|----------------------------|-----------|
| Radio | TV | Friend | Phone Book | Newspaper | Poster |
| Employer | Road Sign | Event | Family | Web Site | Billboard |
| Brochure | Ride Guide | VPSI | Commuter Center | Carpool or Vanpool Partner | |

***Driving Preference:**

I can only be a rider.

I have a car available for carpooling.

Emergency Ride Home (ERH) Program:

I am registering for **ridematching only**.

I am registering for the **ERH** program and for **ridematching**.

I am registering for the **Emergency Ride Home (ERH) program only**.

***I get to work now by (Check main one):**

- | | | | | |
|-------------|---------|----------|---------------|-------------|
| Drive alone | Carpool | Telework | Vanpool | Other _____ |
| Bus | Walk | Bicycle | Park and Ride | |

****Waiver & Release of Liability**

I agree to waive any and all claims for personal injury, property damage, or negligence that I may have against RideFinders, its officers, employees, or agents (hereafter collectively referred to as " RideFinders"). I also agree to indemnify and hold harmless RideFinders from any and all losses, claims, actions, costs, expenses and damages resulting from my participation in RideFinders' ridesharing and/or Emergency Ride Home programs, and to release RideFinders from any associated liability.

Signature (Yes, I have read, understand, and agree)

Date

** - waiver must be signed in order for RideFinders to accept registration.