



## Emergency Ride Home Application Valid January 1 – December 31

To register for the Emergency Ride Home (ERH) Program, you must review the Participation Guidelines in addition to completing and signing the ERH Release and Waiver of Liability. All program regulations will apply. Enrollment is valid for one year only. You must register annually. Mail completed forms, including signed ERH Release and Waiver of Liability, to: RideFinders, Attn: Client Services Coordinator, 1013 East Main Street, Richmond, VA 23219 or fax to (804)649-2513.

**Please fill out form completely. Please print clearly.**

First & Last Name \_\_\_\_\_ Home Address \_\_\_\_\_

Apt # \_\_\_\_\_ City, Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_ Work hours \_\_\_\_\_

Work Address \_\_\_\_\_ Suite/Room/Floor \_\_\_\_\_

City, Zip \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_

If you use a wheelchair or would otherwise require a wheelchair accessible vehicle, please check box:

### COMMUTE METHOD USED TO REACH YOUR WORKPLACE

Do you participate in a **CARPOOL**?  Yes  No # of Members in Carpool \_\_\_\_\_ # of days per week \_\_\_\_

*Each carpool member must register independently to receive the ERH benefit.*

Carpool Member 2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Carpool Member 3 \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you participate in a **VANPOOL**?  Yes  No Vanpool Coordinator \_\_\_\_\_ # of days per week \_\_\_\_

Morning pick-up location \_\_\_\_\_ Drop off location \_\_\_\_\_

Do you ride the **BUS**?  Yes  No # of days per week \_\_\_\_\_ Bus Route/Number \_\_\_\_\_

Do you use one of the following?  Yes  No **WALK** # of days per week \_\_\_\_\_ **BIKE** # of days per week \_\_\_\_

#### For RideFinders Office Use Only

Approved \_\_\_\_\_

Date \_\_\_\_\_

Not Approved \_\_\_\_\_

Waiver Received \_\_\_\_\_

## EMERGENCY RIDE HOME RELEASE AND WAIVER OF LIABILITY

I, the undersigned, recognize that participation in the Emergency Ride Home (ERH) Program is strictly voluntary and that such participation does not in any manner imply that I am acting in the course and scope of official company business, nor does it in any manner establish an employer-employee or an agency relationship with the provider.

I, the undersigned, hereby assume full responsibility and all risk of injury or loss, including death, which may result from my participation in this program and hereby agree to hold harmless, release, waive, forever discharge and covenant not to sue or bring claim against RideFinders, a division of GRTC Transit System, GRTC Transit System, other governing agencies, its officers, agents, or employees from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the ERH Program and occurring during said participation, or any time subsequent thereto, whether or not such loss, injury or death is caused, or alleged to be caused, in whole or in part, by the negligent acts or omissions of RideFinders, GRTC Transit System, its officers, agents or employees. The terms of this release shall serve as a release and assumption of risks for all my heirs, executors, administrators, and for all of my family members.

I, the undersigned, acknowledge that inappropriate or fraudulent use of this service will require that I reimburse all expenses incurred to RideFinders.

I affirm that the information I have provided is true. I understand and acknowledge that my enrollment can be discontinued at any time. I further understand and acknowledge the ERH Program may be changed at any time without notice. I, the undersigned, acknowledge that I have read and understand the Rules and Regulations of the Emergency Ride Home (ERH) Program and agree to abide by them, and have read the Release and Waiver of Liability and agree to the conditions outlined above.

Applicant's Name [Printed] \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Release and Waiver of Liability must be on file prior to participation in the Emergency Ride Home Program. Returned to the completed application and signed form to:**

**RideFinders  
Attn: Client Services Coordinator  
1013 East Main Street  
Richmond, VA 23219  
Fax: (804) 649-2513**

**Commuter Store: The Ironfronts Building  
1013 East Main Street  
Richmond, VA 23219**