VAN TRAN RIDER REGISTRATION

Make checks payable to: City of Vandalia

NAME: (LAST)_____(FIRST)_____ DATE OF BIRTH____/_____/_____

ADDRESS:_____CITY_____ZIPCODE_____

LANDLINE NUMBER_____ EMAIL _____

CELL PHONE NUMBER_____

DO YOU NEED SHORT TERM TRANSPORTATION ONLY?_____ DO YOU USE? WALKER_____ CANE_____

ARE YOU HEARING IMPAIRED?_____ ARE YOU SIGHT IMPAIRED?_____

PLEASE LIST ANY CHRONIC ILLNESSES:_____

IN CASE OF EMERGENCY, PLEASE CALL:

NAME_____PHONE NUMBER_____

RELATIONSHIP_____PHONE NUMBER_____

The following information is needed for statistical purposes only. No names will be associated with the information.

DO YOU: LIVE ALONE___ LIVE WITH OTHERS___ GENDER: FEMALE___ MALE___

RACE: WHITE___ AFRICAN-AMERICAN___ HISPANIC___ OTHER (Specify)_____

YEARLY INCOME: $0-$4,999__ $5,000-$9,999__ $10,000--$14,999__ $15,000-$19,999__ $20,000--$24,999__$25,000-$34,999__

$35,000-$49,999__$50,000-$74,999__$75,000-$99,999__$100,000-$149,999__$150,000-$199,999__$200,000 or more__ unknown__

HEALTH INSURANCE: Private___ Public___ Both Public and Private___ Uninsured___ Unknown___

Waiver and Release: In consideration of the City of Vandalia granting me the permission to engage in the transportation program with the Vandalia Parks & Recreation Department, the undersigned does hereby waive, release, save and hold harmless and indemnify the City of Vandalia, its employees, agents and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Vandalia, its employees, agents and independent contractors. The undersigned further assumes the risk of all dangerous conditions while participating in the transportation program both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Furthermore, this release bars claims by the undersigned's children, heirs, assigns, executors and administrators.

_____ _____

VAN TRAN RIDER SIGNATURE DATE