

Senior Ride Application 2019-20

Date: _____ CK/CA: _____

Release: _____ CK#: _____

Complete this form and mail to:

Senior Ride Transportation, 10150 N.W. Ben Geiger Drive, Coral Springs, FL 33065

Payment will be arranged once your application is accepted.

Name _____

Address _____ Apt # _____ Zip Code: _____

Building Name _____ Telephone _____

Date of Birth _____ Email Address _____

List others who live at your address:

_____ Does he/she drive? _____

_____ Does he/she drive? _____

If you are disabled or suffer any physical impairment, list the special equipment you would use or would bring aboard the bus: _____

Do you require any special considerations: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Telephone _____

The following questions are optional and your answers will not be used to determine your eligibility in the transportation program. The information will provide data that could help us apply for financial grants in the future. Please circle:

SEX Female Male MARITAL STATUS Married Divorced Widowed Single

RACE White Afro-American/Black Asian Native American Other

PLEASE ALSO FILL OUT AND SIGN THE RELEASE FORM ON THE BACK!





Senior Ride Bus Service Release Form

Date: _____

Senior Ride Members Name: _____ Date of Birth: _____

Street Address: _____, Coral Springs FL: (zip) _____

Home phone #: _____ Work phone #: _____

Emergency contact person: _____ Phone#: _____

ACTIVITY	DATE	COST
<u>SENIOR RIDE PROGRAM</u>	<u>OCT. 1, 2019 - SEPT. 30, 2020</u>	<u>\$25.00</u>

Allergies, medications, special notes: _____

ACKNOWLEDGEMENT OF REFUND POLICY

I understand the City of Coral Springs has a **NO REFUND POLICY** for fees and charges paid to the Parks and Recreation Department for activities sponsored by them. The only exception to this policy will be when an activity is canceled or the time is altered by the City. No other circumstances or situations will qualify for a refund.

By: _____
(Senior Ride Participant)

Date: _____

I asked the signator if he/she understood what was being signed: _____
(Witness)

RELEASE AND WAIVER

In consideration of the permission granted to _____ (Senior Ride Member's name) by the City of Coral Springs, by and through its Parks and Recreation Department to participate in the City of Coral Springs **SENIOR RIDE TRANSPORTATION** program, I, _____ (Senior Ride Member's name) hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees", from all claims and courses of action, that, I, _____ (Senior Ride Member's name), my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that, I, _____ (Senior Ride Member's name) am in good physical condition and able to participate in the above activity or event.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20____.

By: _____
(Senior Ride Member/SIGNATURE)

By: _____
(Senior Ride Member/PRINT NAME)

I asked the Signator if he/she understood what is being signed: _____ Witness)