



Companion Form

First Name:	MI:	Last Name:
Other Names Known As:		Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender F-M <input type="checkbox"/> Transgender M-F <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Home Phone:	Cell Phone:	Smartphone: Y/N
Email:		
Address:		
City:	State:	Zip:
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:		
English Fluency: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Not Fluent		
Emergency Contact:		Relationship:
Phone Number:		Also a client? <input type="checkbox"/> Yes <input type="checkbox"/> No

Waiver of Liability - Hold Harmless Agreement

RYDE and its partners (West Valley Community Services (WVCS), Saratoga Area Senior Coordinating Council (SASCC), The City of Morgan Hill, and the County of Santa Clara) are committed to treating you with dignity and respect. It is our goal to provide equal treatment to all seeking our services. We ask that you treat our staff and volunteers in the same manner. We reserve the right to refuse service to anyone unable to comply. Please read and sign the following:

RYDE may ask for verification of the information I provide and that this information will allow the program staff to assist me in an effective way. I understand that if I am unwilling to provide the necessary paperwork and/or am unable to verify my need, RYDE may not be able to provide me with assistance.

All information I provide is true and accurate.

All information between RYDE and me is held strictly confidential unless:

1. I authorize a release of information with a signature;
2. RYDE is ordered by court to release information;
3. I present a danger to myself or others;
4. Child & adult abuse/neglect are suspected;

In the latter two cases, RYDE staff is required by law to inform potential victims and legal authorities so that protective measures can be taken.

In consideration for receiving services provided by RYDE including, but not limited to access to the WVCS Food Pantry, I hereby release, waive, discharge and covenant not to sue RYDE its officers, servants, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases, any third party, or otherwise.



I hereby acknowledge that RYDE is a service provided by SASCC, WVCS, the City of Morgan Hill, and the County of Santa Clara. I hereby waive the right to make any claims against Santa Clara County, WVCS, SASCC, and/or the City of Morgan Hill, or their official, employees, and volunteers for any injuries, damages, charges or expenses, including attorney’s fees which might be sustained as a result of my participation in this program. I also acknowledge that RYDE reserve the right to refuse transportation service.

I am fully aware of risks and hazards connected with being on the premises and receiving services, including food from the WVCS Food Pantry and/or RYDE, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and receiving services, and I hereby elect to voluntarily participate in receiving services provided by RYDE and its officers, servants, agents and employees, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of receiving services from RYDE whether caused by the negligence of releases or otherwise.

I agree and acknowledge that (i) intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of my lack of knowledge is the result of ignorance, oversight, error, negligence or any other cause, and (ii) this release is a material term and condition precedent for my services with SASCC, WVCS, the City of Morgan Hill, or the County of Santa Clara.

I further hereby agree to indemnify and save and hold harmless the releases and each of them, from any loss, liability, damage or costs they may incur, whether caused by the negligence of any or all of the releases, or otherwise.

I authorize RYDE to use and disclose my protected “passenger information” to County for the purposes of program oversight. “Passenger information” shall be defined as follows: income verification; customer feedback forms; trip information, including pickup and destination information; and all other information gathered within the scope of RYDE.

It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above-named releases.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
3. I am at least eighteen (18) years of age and fully competent; and
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Print Name: _____ Signature: _____ Date: _____