

# Emergency Ride Home

## PROGRAM SIGN-UP FORM



1. Name: \_\_\_\_\_

2. E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. City: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Employer: \_\_\_\_\_

6. Employer Address: \_\_\_\_\_

7. City: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Please write in how many ***days per week*** you typically use the following means to commute to and from work?

- ◆ Drive Alone or Motorcycle \_\_\_\_\_
- ◆ Bicycle \_\_\_\_\_
- ◆ Bus \_\_\_\_\_
- ◆ Carpool \_\_\_\_\_
- ◆ Vanpool \_\_\_\_\_
- ◆ Clean Air Express \_\_\_\_\_
- ◆ Telecommute \_\_\_\_\_
- ◆ Walk \_\_\_\_\_
- ◆ Other \_\_\_\_\_

9. How many miles (one-way) is your commute?  
\_\_\_\_\_ miles

### Release and Liability Waiver

I, the undersigned recognize that participation in the Emergency Ride Home 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, request to register my participation in the Emergency Ride Home Program. I hereby assume full responsibility for liability and for all risk of injury or loss, including death, which may result from my participation in this program. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring suit or claim against Traffic Solutions, the Santa Barbara County Association of Governments, their officers, agents and/or employees from any and all claims and demands whatsoever which the undersigned or any third person, and the representatives thereof have or may have against said agency, officers, agents or employees, by reason of any accident, illness, injury or death, or damage to or loss of destruction of any property arising or resulting directly or indirectly from my participation in the Emergency Ride Home Program and occurring during said participation, or any time subsequent there to, 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 or the agency, their officers, agents or employee. The terms of this release shall serve as a release and assumption of risks from my heirs, executors, administrators and for all of my family members.

I, the undersigned, acknowledge that I have read the foregoing two paragraphs, and agree to the conditions outline above.

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

**TRAFFIC SOLUTIONS**



*The Emergency Ride Home program is brought to you by the Santa Barbara County Association of Governments, Traffic Solutions unit. If you have any questions please call: 963-SAVE*

**Please return this form to:**  
Traffic Solutions  
260 North San Antonio Rd.  
Santa Barbara CA 93110