



# The Center at Founders Village Transportation Registration Caregiver

For Office Use Only  
ID# \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

AGE: \_\_\_\_\_

**A PHOTO ID MUST BE PROVIDED**

**Please provide the name(s) and phone number of individual(s) you providing care to:**

**Name: Phone Number:** \_\_\_\_\_

**EMERGENCY CONTACTS**

1. Name/Relationship \_\_\_\_\_

2. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name/Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**RELEASE (Read carefully before signing)**

I hereby forever **RELEASE, DISCHARGE, and WAIVE the right to make any claims** against the **City of Fountain Valley, California Yellow Cab, Inc. and its officers and employees**, from any and all liabilities, claims, demands, injuries, damages, charge or expenses, including attorney's fees or causes of action that I may hereafter have for injuries and damages arising out of participation in any City Program including, but not limited to, losses caused by the passive or active negligence of the released parties or of hidden, latent or obvious defects or dangerous conditions in any City property or property used by any City Program. This Release shall also release the Released Parties from related activities not conducted on City property, including travel and off-site activities. I also acknowledge that the City of Fountain Valley and California Yellow Cab, Inc. reserve the right to refuse transportation services to anyone.

I understand that transportation services may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and **I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF INJURY** while participating in any City Recreation Program activity.

This **RELEASE** shall remain in effect until revoked. A copy of this Release may be used to the same extent as the original.

Please fax completed form to 714-378-1328 or drop off at the Reception Desk at The Center at Founders Village, 17967 Bushard Street, Fountain Valley, CA 92708

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Transportation Services Provided by:



Transportation Services sponsored by:

