



The Center at Founders Village Transportation Registration

For Office Use Only
ID# _____

Name _____ Age _____

Address _____ City _____

ZIP _____ Home Phone () _____ Cell Phone () _____

Do you have any physical or functional limitations? Yes _____ No _____

If yes, please describe: _____

Do you require a mobility device or special equipment for transport? Yes _____ No _____

Please check all that apply:

Cane Walker Wheelchair Power Wheelchair Mobility Scooter Oxygen

If yes are you able to enter/exit the vehicle without you mobility device? Yes _____ No _____

Are you able to transfer from a wheelchair to a seat without assistance? Yes _____ No _____

Will a caregiver be traveling with you? Yes _____ No _____

Special Instructions _____

EMERGENCY CONTACTS

1. Name/Relationship _____

Home Phone: _____ Cell Phone: _____

Address _____ City _____

2. Name/Relationship _____

Home Phone () _____ Cell Phone () _____

Address _____ City _____

RELEASE (Read carefully before signing)

I hereby forever **RELEASE, DISCHARGE, and WAIVE the right to make any claims** against the *City of Fountain Valley, Yellow Cab Co. 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 Yellow Cab Co. and City of Fountain Valley 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 sponsored by:

