



CONNECT A RIDE

“CaR”



Participant Application

Today's Date _____

PLEASE PRINT

First Name _____ Last Name _____

Street Address _____, Pacifica CA 94044

Cell Phone: _____ Other Phone: _____

Email: _____

Are you 65 years of age or older? Y N (REQUIRED) Date of Birth _____

Will you need a wheelchair accessible vehicle? Yes No

How did you hear about the program?

RELEASE OF INDEMNITY & ASSUMPTION OF RISK— MANDATORY FOR PARTICIPATION

I understand that the CaR Service for which I am registering is insured by Serra Cab and in consideration of the right to participate, **I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, indemnify and defend the City of Pacifica, its officers, employees, affiliates and agents (“City”), against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys’ fees, arising in connection with my participation in CaR Transportation Program offered by Pacifica Senior Services.** I agree the City is not responsible for lost or stolen items. I agree the City may deny me permission to participate in CaR Service. **Photos/Videos:** The City of Pacifica may use for publicity or marketing purposes, work samples, photographs, slides, videos, DVDs and/or other images taken of myself while in the program.

_____ INITIAL

Please return completed form with proof of residency and age to:

**Pacifica Senior Center,
Attention: CaR Coordinator
540 Crespi Drive
Pacifica, CA 94044**

Staff use only:	
Participant registered in Connect a Cab	_____
Participant registered on CaR Rider Log:	_____

**For more information, please contact:
CaR Coordinator at 650-738-7350 or email:
CaR@ci.pacifica.ca.us**