

# Berea Senior Wheels Registration Form

535 Wyleswood Drive, Smith School Front, Berea, OH 44017 440-826-0800

## Rider Information

Name: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

## Emergency Contact Information—Can be a relative or friend

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Primary Physician Name (Optional): \_\_\_\_\_ Phone: \_\_\_\_\_

## Mobility Considerations:

Walker  Cane  Wheel Chair  Motorized Wheel Chair  Certified Assit Dog

Other: \_\_\_\_\_

Are you assisted by a personal care aid?  Yes  No

Special Pick Up Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WAIVER AND RELEASE

In consideration of the city of Berea granting me permission to engage in transportation services, the undersigned does hereby waive, release, save, hold harmless and indemnify the City of Berea, their organizers, officers, employees, agents, and sponsors for any and all claims or damage for personal injury or sickness to me or loss of property which may be caused by any act of failure to act on the part of The City of Berea, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of any conditions to which they may be exposed during the course of such activities, and waives any and all notice thereof.

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

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

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_