

Berea Senior Wheels Registration Form

398 West Bagley Road, Unit #3, Berea, OH 44017

Please include a photo copy of ID to ride free with Cuyahoga County Division of Senior and Adult Services

Rider Information

Name: _____

LAST

FIRST

MIDDLE INITIAL

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Apartment:** _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____ Gender: _____ Are you a Veteran? _____ Last 4 of SSN: _____

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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 Assist Dog
- Other: _____
- Are you Assisted by a personal care aide? _____
- 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: _____