



Winfield Township Senior and Disabled Transportation Services

CAREGIVER Registration

All information is required – Please Print

Name: _____ Phone Number: _____

Address: _____ Apt. #: _____

Town: _____ Zip Code: _____ Date of Birth: _____

Caregiver For:

Name: _____

Relationship: _____ Phone Number: _____

Person to notify in case of emergency:

Name: _____

Relationship: _____ Phone Number: _____

Signature of applicant or person filling out application:

(Signature)

(Printed name and relationship if other than applicant)

PLEASE READ AND SIGN THE WAIVER ON THE BACK OF THIS FORM

TRANSPORTATION SERVICES WAIVER AND RELEASE

Winfield Township Senior and Disabled Transportation Services

Please read this form carefully and be aware that in consideration for the Winfield Township Senior and/or Disabled Transportation Services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that Winfield Township is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against Winfield Township, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as "Party").

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

Participant's signature

(18 Years or Guardian)

Date _____

PARTICIPATION WILL BE DENIED

If the signature is not on this waiver.

