



City of Emeryville
8-To-Go & Taxi Reimbursement Program
*Transportation for Seniors and People
 with Disabilities in the 94608 Area*



Please Print

Last Name: _____ **MI:** _____ **First Name:** _____

Daytime Phone: (_____) _____ **Evening Phone:** (_____) _____

Cell Phone: (_____) _____ **TDD/TTY:** (_____) _____ **Email:** _____

Home Address: _____
 Street Address Apt.# City Zip Code

Name of Housing Facility (if applicable): _____

Date of Birth: ____/____/____ **Gender:** Female Male

1. **Have you been certified as eligible for rides with an ADA paratransit service?**
 Fully Eligible Conditionally Eligible **Rider Identification #:** _____
 Not Eligible/Denied Have not applied Not Sure

2. **Please check all of the following mobility aids or specialized equipment you may use.**
 Cane White Cane Walker
 Manual Wheelchair Power Wheelchair Power Scooter
 Service Animal Portable Oxygen Tank Other: _____

3. **Do you need a wheelchair lift to get in and out of a vehicle?**
 Yes No Not Sure

4. **Do you typically travel with assistance from another person (other than the driver)?**
 Yes No

5. **Please describe your disability or disabling health condition and any special accommodations you may need:**

6. **Is the above condition you describe:** Permanent Temporary until: _____

7. **Emergency Contact Person:** _____
 Relationship to you: _____ Daytime Phone: (_____) _____
 Cell Phone: (_____) _____ Evening Phone: (_____) _____

8. **What language(s) do you speak:** Preferred Language: _____
 Other Language(s): _____

9. **If you need future information provided to you in an accessible format, please check which format you prefer:** Large Print Braille CD/Electronic Format

I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

Applicant's Signature: _____ **Date:** _____

Person who assisted you with application/ Phone #: _____

*Please return completed form to:
 Please sign additional Waiver on
 Backside of this application:*

**City of Emeryville
 4321 Salem Street
 Emeryville, CA 94608**

**Tel: 510-596-3730
 Fax: 510-652-0933**

CITY OF EMERYVILLE WAIVER AND CONSENT AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS CITY ACTIVITY OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF EMERYVILLE, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission, including gross negligence and/or willful disregard, of the Releasees or otherwise while the undersigned is participating in the City activity or using any City facilities in connection with such activity.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the Releasees' right to indemnify or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the release or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES AND ACCEPTS FULL RESPONSIBILITY FOR ANY AND ALL LOSS, BODILY INJURY, DEATH OR PROPERTY DAMAGE while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of Releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnify agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I hereby acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason because of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made to me.

Signature: _____ Date: _____