

Telephone _____

678-809-2521 <u>www.ccrides.org</u>

Confidential

Statement of Need/Rider Information Form

EXCEPT FOR SIGNATURE, PLEASE PRINT ALL INFORMATION IN BALLPOINT PEN! BE SURE TO COMPLETE \underline{ALL} INFORMATION BEFORE SUBMITTING.

Chapte	er Affiliation:	FORSYTH	COUNTY DEP	T OF TRANSPO	ORTATION		
Cente	r Affiliation: _						
ΓODAY'S	S DATE:			*=MUST BE C	OMPLETED		
FULL N	AME:First		Middle Initial	Took			
			Middle Initial	Last			
PRESEN	NT RESIDENCE AD	DRESS:					
Number	Street	APT	City	State	Zip		
EMAIL: _							
	ELL PHONE () This is a SmartphoneOR Basic Cell Phone tiders ARE STRONGLY ENCOURAGED to carry a mobile phone for safety.) ge:4-Digit Year only and is required for data purposes only. formation that you would like for us to know about you (such as physical limitations)						
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_Email: _____

RELEASE OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS! The undersigned individual (the "Rider"), desires to obtain automobile transportation through CommonCourtesy, Inc., a Georgia non-profit corporation, and accordingly executes this Release of Liability (this "Release"). In consideration of the services performed by CommonCourtesy, Inc., Rider hereby freely and voluntarily executes this Release under the terms below. I understand that this is "curb to curb service" only:

- 1. **Release:** Rider does hereby release, discharge, and covenant not to sue CommonCourtesy, Inc. its members, officers, directors, employees, volunteers, agents, successors, and assigns (collectively the "Organization") from and against, or with respect to any and all liability, claims, or demands that arise or may hereafter arise directly or indirectly from the transportation services (the "Services") provided by the Organization. The foregoing release includes but is not limited to any and all liability or claim that the Rider may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage or loss that may result, directly or indirectly, from the Services.
- 2. Waiver of Rights; Legally Binding: Rider understands that by executing this Release he/she is waiving legal rights including the right to sue, and intends to be legally bound by this Release.
- 3. **Photo Release:** I, the undersigned, do hereby consent and agree that CommonCourtesy, Inc., its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media created by CommonCourtesy, Inc.
- 4. **Memory Loss:** I agree that, if I have shown signs, symptoms or been diagnosed with any level of memory loss, I will have a Companion traveling with me at all times.

*Rider's Signature:	Date
\$15.00 Registration	n Fee
A valid credit card must be held on file no is identified. Card LAST 4 DIGITS ONL	
*Credit Card Number:	
*Exp/*3-Digit Code on back	: Zip Code

A valid credit or debit or cash card must be held on file no matter what payment program is identified. Card LAST 4 DIGITS ONLY will be held on a secured site. This will cover your \$2.00 per trip CO-PAY.

<u>Mail to: PO BOX 19674, Atlanta, GA 30325</u>	
OFFICE USE ONLY: Assigned Rider ID: DTF	
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