



**FLEX-T MOBILITY PARTNER
REGISTRATION & AGREEMENT FORM**

Please fill out the form completely to be registered as a member of the Flex-T Mobility Partner Program.

• **Personal Information**

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ E-mail: _____

How did you hear about the program? _____

Will you travel with an aide/caregiver? Yes _____ No _____

Do you need accommodation for any mobility devices? Yes _____ No _____

• **Legal Guardian/Parent(s)**

Name: _____ Name: _____

Address, if different: _____

Preferred Phone: _____ E-mail: _____

• **Work Information**

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please circle the days you normally work (if your schedule varies circle all days):

Monday Tuesday Wednesday Thursday Friday

Work Hours: Arrive by: _____ Leave by: _____

• **Emergency Contact (family member/friend/aide/guardian)**

#1. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

#2. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEADOWLINK

144 Park Place East, Wood-Ridge, NJ 07075

Tel: 201-939-4242 Fax: 201-939-2630

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6. All requests for schedule changes or cancellations must be requested at least 24 hours in advance. Please call Mon-Fri between 8:00am and 4:00pm only (see contact phone numbers listed above).
 7. If you have a comment or complaint, please put it in writing and mail it to us so that the issue can be resolved. Prompt reporting is helpful in properly addressing your concerns.
 8. Handling of Incidents: In the event of any incident, such as: unruly or uncooperative behavior, rider sickness, accident or other circumstances requiring immediate attention, EZ Ride staff will follow procedure per company policy:
 - Driver will report the incident to staff/manager and call 9-1-1 if required.
 - Keeping in view safety of all riders, staff/manager will notify authorities/medical center if not already done.
 - Emergency contact provided for the rider will be notified
 9. Riders are responsible for their belongings and asked to not leave packages, food, or trash in the vehicle.
 10. All riders are responsible for following the program rules. Be sure to use your seat belt.
 11. We reserve the right to refuse service based on violation of these rules.
- **Late Cancellation & No-Show Policy**
 1. Late Cancellations: No fee is charged if the ride is cancelled by 3:00 PM the day prior to the ride. However, if the ride is cancelled same day of the scheduled pickup, entire trip cost will be billed.
 2. No Show: If the trip is not cancelled and the rider does not show up when the driver arrives for the pickup, \$2 will be charged in addition to the entire trip cost.

I agree to the above terms and conditions_____

Signature

PRINT NAME_____DATE_____

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RELEASE AND WAIVER OF LIABILITY

Please read carefully! This is a legal document that affects your legal rights.

This Release and Waiver of Liability (the "Release") executed today by the Rider and in favor of Meadowlands Transportation Brokerage Corporation d/b/a EZ Ride/Meadowlink a nonprofit corporation, and its trustees officers, employees, and agents (collectively, the "Provider"). The Rider desires to use EZ Ride Senior Transportation Program (the "Program") to obtain subsidized rides.

The Rider understands that the rides will be provided in EZ Ride marked vehicles owned by EZ Ride, driven by volunteers (the "Volunteers") working with EZ Ride. The Rider hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Rider does hereby release and forever discharge and hold harmless the Provider and their successors and assigns from any and all liability loss, cost, experience, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from his/her use of Program.

Rider understands that this Release discharges the Provider from any liability or claim that the Rider may have against the Provider with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Rider's participation in the Program, whether caused by the negligence of the Provider or otherwise.

Medical Treatment. Rider does hereby release and forever discharge the Provider from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with his/her use of the Program.

Assumption of Risk. Rider understands that any accident that occurs during use of the Program may cause minor or serious physical injury, or death, to the Rider, including, but not limited to, slipping and falling while boarding and getting out of the vehicle, and transportation to and from the Rider's destination. Rider agrees to use the Program with full knowledge of the dangers and potential injuries involved. Rider hereby expressly and specifically assumes the risk of injury or harm in using the Program activities and releases the Provider from all liability for injury, illness, death, or property damage resulting from the use of the Program, including the Volunteer or Provider's negligence. Rider also agrees to indemnify the Provider for any injury they cause one another.

Insurance. Rider understands that, except as otherwise agreed to by the Provider in writing; the Provider carries the statutory insurance coverage for the Program. Though the Provider also maintains commercial general liability insurance, it may or may not apply to specific circumstances. Each Rider is expected and encouraged to obtain his or her own medical or health insurance coverage.

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Photographic Release. Rider does hereby grant and convey unto the Provider all right, title, and interest in any and all photographic images and video or audio recordings made by the Provider related to the Rider's transportation activities with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Rider expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Rider agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Rider has executed this Release as of the day and year written below.

Signature of Rider

Print Name

Date