

# Van Rider Information

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Method of Contact: Phone:  Email:  Cell:

## Emergency Contact(s)

The Cities will not be responsible for any failure or inability to contact the parties listed below.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ LOCAL:  OUT OF STATE:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ LOCAL:  OUT OF STATE:

## Doctor's Information

DOCTOR

ADDRESS

PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Prescription Information

NAME	DOSAGE	NAME	DOSAGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

## GENERAL RELEASE/HOLD HARMLESS

I, the undersigned, for and inconsideration of participation in the transportation program of the Cities of Maplewood and Richmond Heights, hereby release the Cities of Maplewood and Richmond Heights, Missouri, and its officials, employees and agents, from any claim for damages, including personal injury death or property damage, arising from transport by the Cities of Maplewood and Richmond Heights or from my participation in the transportation program, whether foreseen and unforeseen, whether or not attributed to the negligence of the Cities of Maplewood and Richmond Heights, Missouri, and its officers, employees, or agents (A"CLAIM") and I further agree to hold harmless the Cities of Maplewood and Richmond Heights, Missouri, and its officers, employees and agents from any damages or liabilities arising from a claim by me, or my family, estate, heirs or representatives.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_