**Transportation Service Signup (Fillable)**

Welcome to CORA'S transportation service. We provide transportation for your loved one Monday through Saturday. Pickup will be between 8 am-10 am and drop off will be between 4 pm-6 pm. We will try to meet your time request as closely as possible. Please make sure the designated contact is available by cellphone for the driver to call if they are running late for any reason.

Transportation is free for neighbors enrolled through a partner organization, i.e., Block Grant, Veterans Administration, etc..

Nonrefundable and Nontransferable Fees:
One-Way Trip: $5.
Round Trip: $10.

**RESERVATION MUST BE MADE BY FRIDAY AT NOON FOR THE FOLLOWING WEEK**

- **The Center's week is Monday through Saturday.**

Caregiver Name: _____
Neighbor Name: _____

**Transportation Reservation:**

| Day | Date | Preferred Pickup Time | Preferred Drop Off Time |
|---|---|---|---|
| Mon | _____ | _____ | _____ |
| Tues | _____ | _____ | _____ |
| Wed | _____ | _____ | _____ |
| Thurs | _____ | _____ | _____ |
| Fri | _____ | _____ | _____ |
| Sat | _____ | _____ | _____ |

Pickup Location: _____
Drop Off Location: _____
Signed Waiver of Liability on file. Caregiver Initial: _____

**STAFF ONLY:**
Confirmed with caregiver/participant_____ Date_____
Confirmed service not available. Called _____ Date_____

**WAIVER OF LIABILITY AND RELEASE AGREEMENT**
**CORA'S Intergenerational Center Transportation Service**

This Waiver of Liability and Release Agreement ("Agreement") is entered into by the undersigned passenger (or the legal representative/guardian, if applicable) in connection with the transportation services provided by CORA'S Intergenerational Center, a nonprofit organization ("Service Provider").

**1. Voluntary Participation & Assumption of Risk**

I understand that transportation services may involve inherent risks, including, but not limited to, slips and falls, entering/exiting vehicles, traffic accidents, delays, or unforeseen events. I voluntarily choose to participate in this program and assume all risks associated with the transportation provided by the Service Provider, whether known or unknown.

**2. Waiver and Release**

In consideration of being provided transportation services at no cost or reduced cost, I, on behalf of myself, my heirs, executors, administrators, and assigns, **waive, release, and discharge** the Service Provider, its directors, officers, employees, volunteers, and agents from any and all liability, claims, demands, or actions arising out of any loss, damage, injury, or death that may occur during or as a result of my participation, **except in cases of gross negligence or intentional misconduct.**

**3. Medical Authorization**

In the event of a medical emergency, I authorize the Service Provider's staff or volunteers to call for medical assistance. I understand that I am responsible for any medical expenses incurred.

**4. Responsibility for Property**

I acknowledge that the Service Provider is not responsible for the loss, theft, or damage of personal belongings during the provision of transportation services.

**STAFF ONLY:**

Confirmed with caregiver/participant_____ Date_____
Confirmed service not available. Called _____ Date_____

**5. Behavior and Assistance**

I understand that drivers and volunteers may provide limited assistance with boarding or exiting vehicles, but are **not trained medical personnel.** I agree to arrange for a personal caregiver or mobility aide if I require specialized assistance.

**6. No Guarantee of Service**

I understand that the Service Provider is a nonprofit organization with limited resources and that rides are provided **based on availability.** The Service Provider makes no guarantee of service at any particular time or date.

**7. Governing Law & Severability**

This Agreement shall be governed by the laws of the State of North Carolina. If any provision of this Agreement is found invalid, the remainder shall continue in full force and effect.

**8. Acknowledgment**

I have read and understand this Agreement. I acknowledge that I am signing it voluntarily and that I am waiving certain legal rights. This Agreement will remain in effect until terminated in writing.

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**Passenger Name (Print):** _____

**Passenger/Guardian/Representative (as applicable):** _____

**Signature:** _____ **Date:** _____

**Emergency Contact Name & Phone:** _____

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**STAFF ONLY:**

Confirmed with caregiver/participant_____ Date_____

Confirmed service not available. Called _____ Date_____