



## **CALL A RIDE FOR SAUSALITO SENIORS APPLICATION AND AGREEMENT FOR RIDERS**

Thank you for your interest in CARSS. Participation in CARSS is open to persons 60 years of age and older, and to younger disabled persons. All riders must be able to get into and out of a sedan unassisted. Riders must be residents of Sausalito and the Floating Home community north to Gate 6 ½. For the purposes of this application a household may consist of one or more persons living at the same location.

**This agreement must be signed by each person in your household who wishes to become a rider of CARSS. Please mail your completed application to:**

**CARSS Program Coordinator  
c/o Sausalito Village  
P.O. Box 208  
Sausalito, CA 94966  
Questions? 415-944-5474**

### **CONTACT INFORMATION**

**PRIMARY RIDER:**

Full  
Name \_\_\_\_\_

Street  
Address \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email  
Address \_\_\_\_\_

Preferred method of contact: EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ TEXT \_\_\_\_\_

**Emergency Contact Information (In Case Of Health Or Safety Concerns)**

Full  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ADDITIONAL RIDER IN SAME HOUSEHOLD:**

Full  
Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact Information (In Case of Health or Safety Concerns)**

Full  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**SAUSALITO VILLAGE CARSS PROGRAM PASSENGER  
WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK  
(PLEASE READ CAREFULLY)**

I agree as follows:

1. I have voluntarily signed up as a participant in the Call a Ride for Sausalito Seniors program (hereafter known as CARSS) as facilitated by Sausalito Village.
2. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities.
3. I specifically acknowledge that I am engaging in this activity voluntarily and not as an employee, agent, official, officer or representative of either the Sausalito Village or the City of Sausalito; and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from Sausalito Village or the City of Sausalito, nor will I make any such claim.
4. I understand and agree that neither Sausalito Village or the City of Sausalito, nor any of their respective employees, officers, agents or assigns, (collectively referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, assigns, or personal property that may occur as a result of my participation in CARSS, or as a result of product liability or the negligence, whether passive or active, of any party, including Released Parties, in connection with these activities.
5. I understand that being a passenger in a motor vehicle involves certain inherent risks, including but not limited to, the risks of possible injury, or loss of life as a result of over-exertion or environmental conditions, including but not limited to, adverse weather, or dangerous terrain. Despite the risks, I still choose to participate in such activity.
6. I have no known physical or health limitation that prevents me from safely participating in CARSS. In consideration for being allowed to participate, I personally assume all risks, whether foreseen or unforeseen, of any harm, injury or damage that may befall me as a participant.
7. If I am injured while participating, I authorize any physician licensed in California to perform such emergency treatment as he or she believes, in his or her sole judgment, may be necessary. I am over the age of eighteen and legally competent to sign this liability release. I understand that the terms

herein are contractual and not a mere recital, this instrument is legally binding, and I have signed this document of my own free act.

**I HEREBY RELEASE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS, ARISING OUT OF PARTICIPATION IN CARSS, INCLUDING BOTH CLAIMS ARISING DURING THE ACTIVITY AND AFTER I COMPLETE THE ACTIVITY, AND INCLUDING CLAIMS BASED ON NEGLIGENCE OF OTHER PARTICIPANTS OR THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.**

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

**Additional Rider:**

\_\_\_\_\_  
Printed Name of Additional Rider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Rider

**More info about CARSS can be found at [www.carss4you.org](http://www.carss4you.org) or by phoning 415-944-5474**