

Please complete this application.

Please Check One:

Mail/Bring to: Hazelwood Civic Center Attn: Bus Transportation
8969 Dunn Road

New

Application

Renewed

Application
Email to: splewandowski@hazelwoodmo.org

CITY OF HAZELWOOD APPLICATION FOR BUS TRANSPORTATION

Name: _____ Date of Birth: _____
Last First M.I.
Address: _____ Home Phone: _____

RIDER CERTIFICATION: Please check all areas that apply.

Hazelwood Resident 55 years of age or older
 Apartment Disabled
 Home Owner
 Assistive Device (Please list type(s) of device) _____
 Companion Rider YES/NO Their Name and Relationship to You: _____

Do you have any other form of transportation? Yes No

WHOM TO NOTIFY IN CASE OF AN EMERGENCY (Must provide at least one)

NAME: _____ RELATIONSHIP: _____

ADDRESS: **DAYTIME PHONE:** **ALT PHONE:**

NAME: _____ RELATIONSHIP: _____

ADDRESS: **DAYTIME PHONE:** **ALT PHONE:**

**PLEASE SPECIFY ANY MEDICAL INFORMATION YOU MAY FEEL MAY BE IMPORTANT IN AN EMERGENCY
(i.e. Inhaler, heart meds, diabetes information)**

SERVICE INFORMATION: Please check all areas that apply.

	ADDRESS	PHONE #
<input type="checkbox"/> Doctor	_____	_____
<input type="checkbox"/> Doctor	_____	_____
<input type="checkbox"/> Shopping	_____	_____

List Stores You Frequent

Financial Business

List Financial Services

Recreation

GENERAL RELEASE

I, the undersigned, for and in consideration of being transported by the City of Hazelwood through its Transportation System, hereby release and discharge and hold the said City harmless from any and all claims and/or damages that may occur to me, or on my behalf. The City of Hazelwood exercises a **HOLD HARMLESS POLICY** during all sponsored programs, events and transportation services. This releases the City and its agents, representatives or employees from any and all claims which may arise out of any accident or injury cause by the negligence of the City or its agents, representatives or employees when participating in a program, event, or use of the transportation system sponsored by the City.

MEDICAL AUTHORIZATION

This authorization is for the City of Hazelwood agents, representatives or employees to obtain any and all emergency medical services required during use of the City of Hazelwood transportation services. I understand in the case of a medical emergency, actions will be taken in accordance with policies of the Medical Emergency Services responding to the "911" call.

Signature

Date