CITY OF HAZELWOOD
APPLICATION FOR SENIOR CITIZENS TRANSPORTATION

NAME _____
LAST FIRST M.I.

ADDRESS _____

HOME PHONE _____ DATE OF BIRTH _____

WHOM TO NOTIFY IN CASE OF AN EMERGENCY:

1. NAME _____RELATION SHIP _____

ADDRESS _____

HOME PHONE_____WORK PHONE _____

2. NAME_____RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____WORK PHONE _____

PLEASE SPECIFY ANY MEDICAL INFORMATION YOU FEEL MAY BE IMPORTANT IN AN EMERGENCY

_____

_____

RIDER CERTIFICATION

Please check all areas that apply:_____ Hazelwood Resident _____ Age 55 or older _____ Disabled

Do you have any other form of transportation? _____ Yes _____ No

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, damages that may or might 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 caused 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, action will be taken in accordance with policies of the Medical Emergency Services responding to the “911” call.

Signature_____Date_____