



# Transportation Registration & Release Form

Town of Ellington – Human Services Department/Senior Center  
40 Maple Street, Ellington, CT 06029 Telephone: (860) 870-3133



Riders must have a completed Registration and Emergency Contact Form on file. A Senior Center Handbook is available upon request, or can be found on our website at seniorcenter.ellington-ct.gov.

## RIDER INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALLERGIES: Do you have any allergies? \_\_\_\_\_ If, yes, please list \_\_\_\_\_

**DO YOU USE ANY OF THE ITEMS LISTED BELOW? IF, YES, PLEASE CHECK ALL THAT APPLY**

\_\_\_\_ Wheelchair    \_\_\_\_ Cane    \_\_\_\_ Powerchair    \_\_\_\_ Walker    \_\_\_\_ Oxygen Tank

\_\_\_\_ **Companion to assist you while using transportation servies. We do not provide companions.**

## EMERGENCY CONTACT PERSON (FAMILY/FRIEND)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

### **Hold Harmless Agreement:**

To the fullest extent permitted by law, while participating in programs offered by the Town of Ellington, Senior Center or any activity held at another location, I, for myself, my heirs, successors, executors, administrators and assigns, knowingly and voluntarily do hereby RELEASE, INDEMNIFY and HOLD HARMLESS the Town of Ellington, its officers, employees and agents from and against any and all losses, claims, costs, damages, judgments, suits and expenses, including reasonable attorney’s fees arising from, alleged to arise from, or resulting in personal injury to me, any third party, or my property and from and against any claims of injuries or damages that I may cause to any person or property. I do understand that if I am injured while participating in programs, I will report it immediately, but as I am not an employee of the Town of Ellington I have no right to claim a worker’s compensation injury. Further, that I will be responsible for any medical bills should I become injured. I also know that I am not authorized to use power tools. The use of media equipment for programs is permissible.

**Statement of Understanding:** By signing below, I agree that I have read and understand the **Senior Center Transportation Policy** given to me in the Registration Packet and shall comply accordingly.

**Signed Name:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Office Use Only: Received By: \_\_\_\_\_ Date: \_\_\_\_\_ MySenior Center Updated \_\_\_\_\_