

Town of Burlington Dial-A-Ride Program

Client Information Sheet

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Date of Birth: _____

Circle if you utilize: Cane Walker Scooter Wheelchair

Emergency Contact's Information

Name: _____

Relation to Client: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

WAIVER FORM

I recognize that there are risks of injury involved in participating in the Dial-A-Ride Program conducted by the Town of Burlington. Therefore, in consideration of the Town of Burlington conducting this program and enrolling myself in such program, I do hereby, on behalf of myself, release the Town of Burlington and its employees and agents from all liability with respect to an injury received or arising from the Dial-A-Ride Program.

Photographs that are taken of participants in our programs may be used in our publicity, unless participant indicates otherwise.

Signature of Participant

Date