

# 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**