

WEST WINDSOR SENIOR CENTER

*IMPORTANT INFORMATION
REGARDING WEEKLY BUS TRANSPORTATION*

PLEASE READ AND KEEP THIS PAGE

IF YOU ARE NOT ON THE CURRENT SCHEDULE FOR THE WEST WINDSOR SENIOR CENTER BUS, YOU **MUST** COMPLETE THE ATTACHED TRANSPORTATION **REQUEST** FORM.

IF AND WHEN SPACE BECOMES AVAILABLE A SENIOR CENTER STAFF MEMBER WILL CONTACT YOU. *PLEASE DO NOT CALL THE SENIOR CENTER.*
WE WILL TRY TO ACCOMMODATE YOUR REQUEST, HOWEVER, DUE TO HIGH DEMAND, DAYS AND TIMES MAY VARY FROM YOUR REQUEST, BASED ON THE DRIVER'S CURRENT SCHEDULE. *NOT ALL REQUESTS WILL BE MET.*

THERE IS NO WEST WINDSOR SENIOR CENTER BUS ON THURSDAYS. NOTIFICATION OF ANY CHANGE TO THE WEEKLY SCHEDULE WILL BE POSTED.

ALL RIDERS MUST BE AMBULATORY AND SELF-SUFFICIENT. SHOPPERS MUST HANDLE THEIR OWN PACKAGES. THE BUS DRIVER DOES NOT PROVIDE HANDS ON ASSISTANCE OF ANY KIND.

WEST WINDSOR SENIOR CENTER

BUS TRANSPORTATION *REQUEST FORM*

(Transportation to and from the West Windsor Senior Center)

REQUIRED INFORMATION – PLEASE COMPLETE

Today's Date: _____

Name: _____

Address: _____

Phone #: (H) _____ (C) _____

Email Address: _____

(Relationship to rider.)

CHECK DAY/DAYS BUS TRANSPORTATION REQUESTED. DO NOT WRITE IN ANY REQUESTED TIMES. TIMES WILL BE COORDINATED BY BUS DRIVER.

	PICK-UP	DROP-OFF	PICK-UP AND DROP-OFF
MONDAY			
TUESDAY			
WEDNESDAY			
FRIDAY			

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THERE IS NO WEST WINDSOR SENIOR CENTER BUS TRANSPORTATION ON THURSDAYS. NOTIFICATION OF ANY CHANGE TO THE WEEKLY SCHEDULE WILL BE POSTED.

Senior Center Transportation Waiver

Release & Waiver of Liability and Indemnity

Please read this form carefully and be aware that in consideration for the West Windsor Township Senior Center Transportation, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which might sustain of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against West Windsor Township, including its respective officials, agents, officers, employees and volunteers (hereinafter collectively referred to as "Party").

In consideration of my voluntary participation in the West Windsor Senior Transportation Program, I _____ hereby agree to the following:
I hereby fully release, waive, indemnify, hold harmless and forever discharge the Party from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services. I hereby assume full responsibility for the risk of bodily injury or property damage.

I further agree that this agreement shall be governed by the laws of the State of New Jersey.

I have read and fully understand the above waiver and release of all claims.

PLEASE PRINT

Participants Name:

Participant's Signature:

Date: _____

NOTE: Participation will be denied if the signature of participant and date are not on this waiver.

WEST WINDSOR SENIOR CENTER

**271 Clarksville Road
West Windsor, NJ 08550**

BUS TRANSPORTATION INFORMATION ACKNOWLEDGEMENT

I acknowledge that I have received a copy of:

1. Bus Transportation Request Form
2. Senior Center Transportation Waiver
3. The Senior Center Bus Transportation Policy & Procedure (Important Information Regarding Weekly Bus Transportation)

I have read and understand the policy:

NAME (Print): _____

SIGNATURE: _____

DATE: _____