

**ENROLLMENT FORM**

**Please fill out the following application and provide proof of eligibility.**

For mail-in and fax applications, please provide a photocopy of the original document and attach it to this application. For applications submitted in person, please bring the appropriate documents with you. To qualify you must be age 65 and older, or 18 years and older with a disability.

**Proof of Age**

State issued ID                      Driver’s License                      Birth Certificate                      Passport

**Proof of Disability**

Regional Transit Connection Card              Redi-Wheels / Redi-Coast ID Card (ID # \_\_\_\_\_)  
Disabled Person Parking Placard (with photo ID)

**Date of Birth (MM/DD/YYYY) \_\_\_\_\_**

**Contact Information**

First Name	MI.	Last Name
Street Address		Apt./Ste. #
City	State	Zip
Phone	Email (Optional)	
Emergency Contact (Name and Phone Number)		

**Mobility Needs**

Do you use a mobility aid when you travel? If yes, please specify.      Yes \_\_\_\_\_      No

Do you have a service animal?      Yes \_\_\_\_\_      No

Do you require a wheelchair accessible vehicle?      Yes      No

**Help us improve this program by answering the following optional questions.**

**How do you intend to use this service? (Check all that apply)**

Medical Appointments                      Meet up with friends/relatives  
Errands (Grocery shopping, etc.)              Other \_\_\_\_\_

**If you didn’t use this taxi service, what mode of transportation would you use instead?  
(Check all that apply)**

Drive alone                      SamTrans bus  
Get a ride from friends / family              Uber /Lyft  
Redi-Wheels (paratransit)              I wouldn’t make the trip  
Other \_\_\_\_\_

**What is your income category?**

<\$10,000 per year	\$25,000 to \$49,999	\$75,000 to \$99,999
\$10,000 to \$24,999	\$50,000 to \$74,999	\$100,000 or more

## ENROLLMENT FORM

**Your riding privileges may be suspended if you:**

1. Obtain or use the Program under false pretenses; for example, providing false information on the eligibility application or allowing others to ride in your place.
2. Incur an excessive pattern of "no-shows" and/or late cancellations.
3. Do not pay for your copay or meter fare exceeding \$25.
4. Engage in abusive or disruptive behavior (for example, threatening drivers, program staff, or other riders with physical harm), or engage in illegal behavior while on board the vehicles.
5. Engage in any behavior having a racist or sexual connotation with the driver or other riders.
6. Illegally sell, misuse, or transfer fare products to another person, including a driver.

In return for being permitted to participate in the San Mateo County Transit District (District) Ride Now Taxi Subsidy Program (the "Program"), I, for myself, my assignees, heirs, distributees, next of kin, spouse, personal representatives, and legal representatives, forever release, waive, discharge, and promise not to sue the District, its officials, employees, agents, and contractors (Releasees), from liability from any and all claims, including the negligence of the Releasees, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Program.

I UNDERSTAND THAT PARTICIPATION IN THE PROGRAM CARRIES WITH IT CERTAIN INHERENT RISKS, INCLUDING PERSONAL INJURY, DEATH AND PROPERTY LOSS, THAT CANNOT BE ELIMINATED REGARDLESS OF THE CARE TAKEN TO AVOID. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGES, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I agree to indemnify and hold the District, its officials, employees, agents, and contractors harmless for any and claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement in the Program, and to reimburse it for any such expenses incurred. I further agree that this agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. In addition, by signing this agreement, I attest that the information on this application is true and correct and that I have read and understand the Program rules.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for riding with us!**

Please fax or mail completed applications to:  
P.O. Box 3006  
San Carlos, CA 94070-1306

Fax: 650-508-6443