



**TRANSPORTATION REGISTRATION/WAIVER**  
Community Services 300 Bryson Lane 899-3410

NAME: \_\_\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_

Address: \_\_\_\_\_ Home phone# \_\_\_\_\_

\_\_\_\_\_ Cell phone # \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Will you require accommodation for a wheelchair? Yes \_\_\_ No \_\_\_

Will you require an escort for medical/other appointments? Yes \_\_\_ No \_\_\_

Passengers must provide own escort if needed. The City of Bay Village reserves the right to request passenger have an escort.

By your signature you indicate that you are accepting these services in good faith and release the City of Bay Village and its agents and the Community Services Department and its representatives from liability or for any injury, accident, theft, loss or damage to property which may occur. I have read and/or understand the Bay Village Community Services Department Transportation Procedures.

Signature \_\_\_\_\_

Date \_\_\_\_\_