

# San Joaquin Regional Transit District (RTD)

## Volunteer Incentive Program (VIP)

Mail to: Mobility Department, Attn: VIP

421 East Weber Avenue

Stockton, CA 95202

209.943.1111 Ext. 685 | (209) 948-3024 (Fax) | mobility@sjRTD.com

## PASSENGER WAIVER

This form must be received before  
any reimbursement can begin



### Passenger Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address\*: \_\_\_\_\_ Apt/Space: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*will be used to mail valid reimbursements

1. Based on my ADA eligibility, I'd like to enroll in RTD VIP - the transportation reimbursement program. I understand that the information I am and will be providing will be treated as confidential, only to be used to determine my continuing eligibility and my driver's reimbursements for the program, and will be retained as a permanent part of my service file.
2. All of the information which I may provide will be true and accurate to the best of my knowledge. I authorize representatives of RTD VIP to contact persons whom I have named, or to make other inquiries as necessary, to verify the information which I provide.
3. I understand that it is the policy of RTD to pursue any alleged or suspected instances of fraud and I agree to provide requested documentation for the auditing of any reimbursement claims. A "fraudulent claim" is committed when a false representation of a present or past fact is made by an RTD VIP passenger, members of their family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds. RTD reserves the right to take legal action if I do not pay my driver within 10 days of receiving the reimbursement.
4. I agree to abide by all RTD VIP Policies, as communicated to me in the accompanied documents and Rider's Guide that I have received, or as communicated to me in any other way, and I acknowledge that failure to abide by these policies may result in the termination of RTD VIP services.
5. I acknowledge that RTD VIP is not an ADA service, that being driven by others may be an inherently dangerous activity and that my participation in this program could involve some danger to my person, to my property, or the person or property of others. In consideration of my participation in RTD VIP however, I hereby forever release from liability and agree to indemnify and hold harmless RTD VIP, San Joaquin Regional Transit District, and any and all organizations, agencies or individuals who provide funding to or otherwise support the program, from any and all claims, losses, and liabilities arising out of or in any way connected with my participation in the RTD VIP program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Print Name of Preparer and Relationship: \_\_\_\_\_  
(If Other than Applicant)

CHIEF EXECUTIVE OFFICER: Donna DeMartino

BOARD OF DIRECTORS: CHAIR Michael Restuccia • VICE CHAIR Les J. Fong • Joni Bauer • Gary S. Giovanetti • Balwinder T. Singh

## SAN JOAQUIN REGIONAL TRANSIT DISTRICT

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