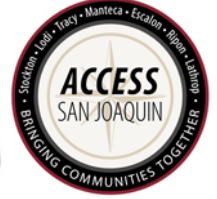


ACCESS SAN JOAQUIN
Volunteer Incentive Program (VIP)

PASSENGER WAIVER

Mail to: Access San Joaquin, Attn: Mobility Department
P.O. Box 201010
Stockton, CA 95201
209.943.1111 Ext. 685 | (209) 948-3024 (Fax) | access@sjRTD.com

**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 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 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 Access San Joaquin (ASJ) 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 a VIP passenger, members of their family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds. ASJ and San Joaquin Regional Transit District (RTD) reserve 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 VIP Policies, as communicated to me in the accompanied documents and Program Overview 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 VIP services.
5. I acknowledge that 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 VIP however, I hereby forever release from liability and agree to indemnify and hold harmless VIP, ASJ, RTD, 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 VIP program.

Applicant's Signature: _____ Date: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

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