



1115 Warner Avenue, Lemont, IL 60439
Phone: (630) 257-2522 Fax: (630) 257-1219

Vanpool New Rider Application

Date: _____

Name _____

Cell Phone# _____ Alt# _____

Address _____

Emergency Contact _____

Cell Phone# _____ Alt# _____

Address _____

Relationship _____

Accommodations and Assistance

Are you in need of assistance: Yes No

*Wheel Chair

Must be accompanied by 2nd Person

Walker

Cane

Lift

Name of Aid/Care Giver _____

Cell Phone# _____ Alt# _____

***Please read & sign reverse side, thank you.**



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Vanpool New Rider Application/Waiver & Release of Liability

IMPORTANT INFORMATION

Lemont Township is committed to conducting its Vanpool program in a safe manner and holds the safety of its participants in the highest regard. Lemont Township continually strives to reduce risks and insists participants in the Vanpool program follow safety rules and instructions that are designed to protect the participants' safety.

Please read this form carefully. By signing up and participating in the Vanpool program, you will be expressly assuming the risk and legal liability and waiving/releasing all claims for injuries, damages and loss which you may sustain as a result of participating in this transportation program.

I recognize and acknowledge that there is a certain risk in participating in this program. I voluntarily agree to assume the full risk of any/all injuries, damages, and or loss, regardless of severity, that I may sustain as a result of participating in the Vanpool program. I further agree to waive and relinquish all claims I may have as a result of participating in this program against Lemont Township, its officials, agents, volunteers and employees (hereinafter collectively referred as Lemont Township).

I do hereby fully release and forever discharge Lemont Township from any and all claims for injuries, damages, or loss that I may have which may accrue to me arising out of, connecting with or in any way associated with this program.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

SIGNATURE _____ DATE _____