



Guaranteed Ride Home Reimbursement Form

Name _____

Home Street Address _____

Nearest Major Intersection _____

City, Zip Code _____

Home Phone _____ I can be contacted at home. Yes No

E-mail Address _____

Employer Name _____

Employer Address _____

Work Phone _____ I can be contacted at work. Yes No

Work Schedule _____ Variable work schedule. Yes No

Supervisor's Name _____

Supervisor's Title, Phone _____

At Least Two Days a Week: Carpool Vanpool _____ Bike Walk

Ride the Bus _____ Driver's Name

Bus Route #

LIABILITY WAIVER

I agree to abide by the rules of participation as set forth in the Guaranteed Ride Home guidelines. I hereby release and agree to hold harmless CommuteKern, Kern Council of Governments and my employer from any liability, claims and demands for personal injury, loss of income, consequential damages resulting from delays or absence of service provider or termination of the service, or loss, theft or damage to my personal property.

I understand that if I do not abide by the published Guaranteed Ride Home guidelines I may be restricted from using the service again.

Furthermore, I understand that CommuteKern and Kern Council of Governments reserve the right to terminate or change the existing service guidelines.

Signature _____ Date _____

You must be 18 years or older to apply. This application will not be processed without a signature.