



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

VanPool New Rider Application and Waiver & Release of Liability

IMPORTANT INFORMATION

Lemont Township is committed to conducting its Van Pool 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 Van Pool 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 Van Pool program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages and loss which you might 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 and voluntarily agree to assume the full risk of any and all injuries, damages, and or loss, regardless of severity, that I may sustain as a result of participating in this 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** _____



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VanPool New Rider Application

Date ____/____/____

First Name _____ Last Name _____

Best Phone# _____ Atl# _____

Address _____ City Lemont Zip Code 60439

Name of Emergency Contact _____

Best Phone# _____ Atl# _____

Address _____ City _____ Zip Code _____

Relationship of Contact _____

Name of Emergency Contact _____

Best Phone# _____ Atl# _____

Address _____ City _____ Zip Code _____

Relationship of Contact _____

Accommodations and Assistance

*Wheel Chair: Yes No *Must be accompanied by an Aide/2nd Person*

Cane: Yes No

Walker: Yes No

Name of Aid or Care Giver _____

Best Phone# _____ Atl# _____

Address _____ City _____ Zip Code _____

Relationship of Contact _____
