

Senior Transportation Services, Inc.

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(860) 224-7117

FAX: (860) 224-8365

www.seniorrides.org

E-Mail: seniortransportationservices@yahoo.com

CLIENT APPLICATION AND RELEASE FORM

CLIENT INFORMATION:

Today's Date _____

Client Name: _____ Birth Date: _____

Email: _____ Race: _____

Cell Phone #: _____ Home Phone #: _____

Address: _____ City & Zip: _____

Do you have any limitations? **Please circle what applies:**

Cane Walker Vision or Hearing Aids Other: _____

Referred by: _____ Veteran: Yes ___ No ___

BILL TO: If different than Member:

Name: _____

Relationship: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to you: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Comments: _____

Please see reverse side

Must Submit with Application

Copy of Covid-19 Vaccination Card

OR

If you have a medical condition that prevents you from receiving the vaccine you will need to submit in writing and include medical substantiation by a licensed healthcare provider.

CLIENT RELEASE FOR SENIOR TRANSPORTATION SERVICES:

In consideration for assisting me in obtaining transportation to and from my appointments, I hereby waive and release the Retired and Senior Volunteer Program of Greater New Britain, Inc. dba Senior Transportation Services, Inc. board members, director, employees and volunteers from any and all liability with respect to said transportation and the arrangement for said transportation and agree to hold harmless each of them from claims arising from this service.

Client's Printed Name: _____ Date: _____

Client's Signature: _____