

Senior Transportation Services, Inc.

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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: _____

Have you received vaccination for Covid? Yes_____ No_____

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

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: _____

Client's Signature: _____

Date: _____