OFFICE USE ONLY:	DATE PROC:	_ /	/		REG. #	
CAV ZONE:	Month DIS. CODE	Day EXPI	Year RY DATE Month	_//_ Day Year	OR PERMANENT	`[]
	Sarnía Care-A-V d be completed		1169 MICHE SARNIA, ON Care-a-Van Sarnia Transi	N7S 4W3 519 336-3789 t: 519-336-327	9 Fax: 519-336 1 TTY: 519 336	-5145
APPLICANT'S LA	ST NAME	FIRS	ST NAME		INITIAL	
ADDRESS:		/FLO	OR	POSTAI	L CODE	
PHONE NO.:	EXT	•	DATE O	F BIRTH: Mo	// onth Day	/ Year
TYPE OF DISABII	LITY AND ANY SPE	CIAL NI	EEDS:			
 b) Temporary et time. If so, 1 c) Conditional et circumstance MOBILITY DEVIC WHEELCHAIR: (C CANE WALKE If your condition is such ensure such assistance in not provided. ESTIMATED NUM EMERGENCY CO 	I eligibility [] un ligibility [] unab How Long eligibility [] unal e such as weather <u>CE:</u> CIRCLE TYPE) REG ER OTHER (SPEC a that you require assistant is provided. We reserve th IBER OF TRIPS PER NTACT: NAME:	le to us ble to u GULAR IFY) ce to and fr e right to d	e convention ise conventi OVERSIZED om the vehicle and eny service, tempo	nal transit fo onal transp ELECTRIC Vor throughout th rarily or perman	or a short period portation dependent BRODA SCO BRODA SCO the trip, it is your resp ently, if a required at	onsibility to
RELATIONSHIP T	O APPLICANT:			PHONE	E NO	
have your primary of	BE COMPLETED care provider fill out the boarding a regular	he follow	ing section veri	fying the natur	re of the DISABI	
ADDRESS: TELEPHON	NAME: E: <u>COMMENTS:</u> Plea				hibits the above 1	named
PORT PERSON is him or her in order goods or services."	the Accessibility Stan defined as "in relation to help with communi CANT REQUIRE TH 5 [] NO [] C	to a pers cation, m	on with a disab obility, persona TANCE OF A	ility, another p Il care or medi	person who accom cal needs or with	panies access to

HEALTH CARE PROFESSIONAL SIGNATURE:

DATE:



CARE-A-VAN REGISTRATION FORM 1169 MICHENER ROAD, SARNIA, ON N7S 4W3 Care-a-Van 519 336-3789 Fax: 519-336-3361 Sarnia Transit: 519-336-3271 TTY: 519 336-5145

WAIVER AND INDEMNITY

In consideration of the provision of Care-A-Van transportation by Sarnia Transit and the Corporation of the City of Sarnia, I, the undersigned, hereby confirm that:

- I have read and understood the Sarnia Care-A-Van Brochure.
- I agree to be bound by the terms and conditions set forth in the Brochure.
- I have read and understand the Care-A-Van Registration Form, or it has been read and explained to us.

The information that I have provided on the Care-A-Van Registration Form is complete and accurate to the best of my knowledge and ability.

I agree to comply with all reasonable directions of the Care-A-Van driver and/or any other Care-A-Van staff and acknowledge that, should I fail to do so, I assume all liability for any injury to any person or property that may arise as a consequence of that failure to follow directions.

Should a Care-A-Van driver, or volunteer, provide me with any assistance beyond that provided for in the Care-A-Van Brochure, I understand and acknowledge that any assistance is not part of the service provided by Sarnia Care-A-Van or Sarnia Transit. I further acknowledge that any injury or cause of action which may arise as a result of such assistance being provided to me will not render The Corporation of the City of Sarnia, Care-A- Van, Sarnia Transit or their employees or volunteers liable, is undertaken solely at my own risk and that I have no right to claim against The Corporation of the City of Sarnia, Care-A-Van, Sarnia Transit, any driver or other employee or volunteer of Sarnia Transit or the Corporation of the City of Sarnia

WITNESS

SIGNATURE

DATE

In the alternative, I hereby declare that I have read and truly described to the person utilizing Care-A-Van services, the contents of the above document. I have used my best efforts to ensure that they fully comprehended the contents of document. I further under- stand that this declaration, when signed by me, is of the same force and effect as if sworn under oath.

SIGNATURE