



RIVER EDGE SENIOR TRANSPORTATION CLIENT REGISTRATION

PLEASE PRINT ALL INFORMATION

DATE OF BIRTH:

CLIENT REGISTRATION

LAST NAME	_____	FIRST NAME	_____
ADDRESS/APT#	_____	CITY, STATE, ZIP	_____
HOME PHONE#	_____	CELL PHONE#	_____

EMERGENCY CONTACT INFORMATION

CONTACT #1	_____	RELATIONSHIP	_____
STREET ADDRESS	_____	CITY, STATE, ZIP	_____
APT #	_____	HOME PHONE#	_____
CELL PHONE#	_____	WORK PHONE#	_____

CONTACT #2	_____	RELATIONSHIP	_____
STREET ADDRESS	_____	CITY, STATE, ZIP	_____
APT #	_____	HOME PHONE#	_____
CELL PHONE#	_____	WORK PHONE#	_____

MEDICAL INFORMATION

DOCTOR NAME	_____
STREET ADDRESS	_____
OFFICE/SUITE #	_____
CITY, STATE, ZIP	_____
DOCTOR PHONE#	_____

SPECIAL INSTRUCTIONS

AMBULATORY	_____	USE WHEELCHAIR/SCOOTER	_____	USE CANES	_____
USE WALKER/ROLLATOR	_____	USE HEARING AID(S)	_____	HAS AIDE	_____
OTHER DISABILITY (EXPLAIN) _____					

Please return form to: **River Edge DPW - Senior Bus**
705 Kinderkamack Road
River Edge, NJ 07661
(201)599-6277

BOROUGH OF RIVER EDGE

SENIOR TRANSPORTATION PROGRAM WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Borough of River Edge's Senior Transportation Program (the "Program"), the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness, including the transmission and infection of communicable diseases such as the coronavirus disease 2019 ("COVID-19"), from the activities involved in the Program are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness still exist; and

I acknowledge that COVID-19 is highly contagious and may cause serious permanent bodily injury, including death, of persons of all ages; and

I acknowledge that COVID-19 remains prevalent throughout New Jersey and is highly likely to spread to persons in direct contact with or in close proximity (within approximately 6 feet) to an infected person and COVID-19 is believed to be spread by droplets produced into the air when an infected person coughs, sneezes, talks and/or otherwise moves air through their nose and mouth; from touching surfaces on which droplets containing the virus exist; and even possibly in the air; and

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Borough of River Edge or others, and assume full responsibility for my participation in the Program; and

I acknowledge that, in response to the COVID-19 pandemic, the Borough of River Edge has implemented health and safety precautions for employees and participants in the Program in accordance with Federal, State and local guidelines; and

I willingly agree to comply with the Borough of River Edge's stated and customary terms and conditions for participation in the Program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

I agree to adhere to all of Governor Murphy's Executive Orders, the U.S. Centers for Disease Control and Prevention (the "CDC") guidelines, and the New Jersey Department of Health guidelines for COVID-19 in all respects while participating in the Program; and

I acknowledge that the Borough of River Edge and/or Borough of River Edge employees operating the Program may exclude my participation in the Program if I am demonstrating any or all of the symptoms attributed to COVID-19 infection, as recognized by the New Jersey Department of

Health and the CDC, including, but not limited to: fever or chills, shortness of breath or difficulty breathing, coughing, nausea or vomiting, and/or congestion or runny nose; and

I agree that I shall wear a face mask or cloth face covering over my mouth and nose at all times while participating in the Program, including while on buses and while waiting for buses at indoor and outdoor locations; and

I agree that I shall maintain, to the greatest extent possible, social distancing of 6 feet between myself and all other individuals while participating in the Program, including all other participants of the Program and all Borough of River Edge employees operating the Program; and

I agree that the consumption of food and/or drink and smoking are not permitted while on buses operated as part of the Program; and

I agree that, if I am either diagnosed with COVID-19, experiencing COVID-19 symptoms or exposed to someone who has been diagnosed with COVID-19 within the last 14 days, I will not participate in the Program and I will provide the Borough of River Edge with a list identifying other individuals I have had close contact with at the Program during the 14-day period prior to my diagnosis, illness or exposure, including the contact information for all such persons identified; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Borough of River Edge, its elected officials, commissioners, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, and advertisers ("Releasees"), with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law, including any and all claims or matters directly or indirectly related to COVID-19 and/or any variant or successor illness thereof.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant	Name:	_____
Participant	Signature:	_____
DATE	SIGNED:	_____