



Sherborn Council on Aging – Rider Information Form

Please fill out all the information

Rider’s Name: _____

Address: _____ Town: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

Do you travel with a mobility device? Yes. No
 Cane Walker Scooter Wheelchair. Other: _____

Do you require the assistance of another individual to travel? Yes No

Do you have allergies? If so, please indicate: _____

Emergency Contact for this Trip

Name: _____ Phone Number: _____

Relationship: _____

Address: _____ Town: _____

Release Statement:

I wish to voluntarily participate in the trip offered by the Sherborn Council on Aging. I realize my participation is voluntary on my part in every respect.

I realize that I must assume any personal risk should I incur injury or develop or aggravate some medical problem(s) as a result of my participation. Furthermore, I agree that I will not hold the Town of Sherborn, its agents, servants, and employees responsible or seek legal recourse against the aforementioned as a result of my voluntary participation.

I have carefully read and understand this voluntary participation, consent and release statement. I have signed with the intention that is be legally binding upon me.

Participant Signature: _____ Date: _____

Office Use Only: Trip Name: _____ Trip Date: _____ Payment Recd: _____ Notes: _____
