



Eastern Sierra Transit Authority

703 Airport Road
P.O. Box 1357
Bishop, CA 93515
760.872.1901

VOLUNTEER DRIVER RELEASE OF LIABILITY

Last Name: _____ **First:** _____ **M.I.** _____

Address: _____ **Apt/Space #:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

E-Mail address: _____

1. I understand that financial responsibility (insurance) is required for every motor vehicle operated on public roadways in California and I have at least the State minimum auto insurance at all times when participating in Eastern Sierra Transit Authority's Non-Emergency Medical Transportation Program.
2. I agree to transport my passenger (the program participant) in a safe, efficient and courteous manner in my private vehicle.
3. I understand and agree that I have been asked and am freely volunteering to assist my passenger, as mutually convenient for both of us, and that I am not employed by my passenger, the *NEMT* Program, or the Eastern Sierra Transit Authority.
4. I understand that it is the responsibility of the *NEMT* client to submit the monthly *Request for Mileage Reimbursement* form at the end of each month of travel, and that my passenger will pay the reimbursement to me when it is received, but that I may assist the *NEMT* client to submit the request on time. I understand that it is my responsibility to notify Eastern Sierra Transit staff if my passenger fails to pay me the Mileage Reimbursement for the volunteer driving I provided as a volunteer. I also understand that Requests for Mileage Reimbursement will not be paid if not received in a timely manner or if funds are not available for payment.
5. I understand that, by my signature below, I agree to forever release from liability and agree to indemnify and hold harmless the *NEMT* Program, the Eastern Sierra Transit Authority, their officers, directors, agents, employees and volunteers, from any and all claims, losses, and liabilities (including costs and attorney fees) hereafter for damage to property or injury or death to myself or others arising out of or in any way connected with my participation in the *NEMT* Program as a volunteer escort and driver.
6. I understand that the information that I am providing is confidential and will only be used by the *NEMT* program for the purpose of maintaining records to assist enrolled riders.

Signature: _____

Date: _____