



Client ID#: \_\_\_\_\_

**CITY OF MISSION VIEJO  
RECREATION AND COMMUNITY SERVICES DEPARTMENT**

**Senior Dial-A-Taxi Program-Senior Mobility Program**

**APPLICATION FORM** (Please print)

**PARTICIPANT INFORMATION:** (One application per individual)

Circle One  
Male / Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ELIGIBILITY QUESTIONNAIRE:** (Please answer every question)

1. What is your date of birth? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
2. Do you need a taxi for shopping, standard medical appointments, personal errands?  Yes  No
3. Does a personal attendant/escort accompany you on **ALL** trips?  Yes  No
4. Do you use a wheelchair or mobility device?  No  Yes **Specify Type:** \_\_\_\_\_

Participant/or Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

<b>Office Verified:</b>
MV Resident _____
Age _____
CYC _____
Activated _____
PM _____



# CITY OF MISSION VIEJO SENIOR DIAL-A-TAXI PROGRAM

## WAIVER FORM

### PROGRAM AND FEES

The City of Mission Viejo's Senior Dial-A-Taxi Program supports the transportation needs of qualified senior residents for shopping, recreational/social activities, personal business, and standard medical appointments within city limits and designated satellite destinations. Eligible residents must have an approved application form on file and be issued a Senior Dial-A-Taxi photo identification card to be authorized to participate in the program.

The program provides one-way, round trip, "second stop" or "wait for service" options. All aspects of the trip must be scheduled directly with the taxi dispatcher. The second stop must be arranged at the time of initial service request, be within one mile of the primary destination, and be on the return portion of a round trip. The taxi's wait time may not exceed 20 minutes.

Program participants are required to pay a nominal fee of \$5.00 per one-way trip or \$10.00 per round trip directly to the taxi company via cash or authorized credit card for any distance traveled within City limits and to designated satellite destinations.

### WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, \_\_\_\_\_ (FULL NAME), fully understand that my participation in the City of Mission Viejo Senior Dial-A-Taxi Program ("Program") may expose me to the risk of personal injury, death, infectious diseases, illnesses, viruses, and/or property damage or loss. I acknowledge that I am voluntarily participating in this Program and agree to assume any such risks.

I understand that the City of Mission Viejo or taxi service reserve the right to refuse transportation service to anyone in non-compliance with the policies and procedures governing this program. The City reserves the right to modify the terms and conditions of this program, or terminate this program, at any time without prior notice.

In consideration for being permitted to participate in this Program, I agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend, and hold harmless the City of Mission Viejo and its officers, officials, employees, agents, and volunteers from all claims, demands, actions, or suits arising out of or in connection with my participation in the Program.

I release, discharge, and agree not to sue the City of Mission Viejo for any injury, death, damage to or loss of personal property arising out of, or connected with, my participation in the Program from whatever cause. Including the active or passive negligence of the City of Mission Viejo in the Program. This document does not to release any party from any act or omission of "gross negligence" or "willful misconduct" as it applies in case law or statutory provisions.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form at the address listed below. For more information, please call **949-470-3062**

Norman P. Murray Community and Senior Center - 24932 Veterans Way, Mission Viejo, CA 92692  
Attention: Senior Transportation Supervisor  
or email: [mmcgrane@cityofmissionviejo.org](mailto:mmcgrane@cityofmissionviejo.org) a completed application in **BLUE** pen