City of Brentwood M.A.G.I.C Bus
Transportation Authorization Form

Rider Qualifications:

- Any Brentwood Citizen with a disability and/or over 60 years of age.
- Riders must be able to get to and from the MAGIC Bus under their own ability.
- Riders must not have any condition that requires special handling or medical attention that could adversely affect the health of other persons in the vehicle.
- Personal aide/attendant, if needed, must remain with the rider at all times.
- A signed Authorization Form is required for all riders, including personal aide/assistants.
- Emergency contact information is required for all riders. (see below)

Rider Information			
Name:			
Address:			
Home Phone:		**Cell Phone:**	
Date of Birth:	**Special needs?**		

Conduct & Release of Liability-

Riders agree to abide by the following rules:

1. No smoking, alcohol, illegal drugs or weapons allowed.
2. Conduct that disrupts, endangers or threatens staff or other passengers will not be allowed.
3. Riders must sign and return waiver by the date listed below.
4. Failing to abide by any of the guidelines may result in suspension or loss of bus privileges.

By signing this contract, participant declares that they have read, understand and agree to comply with the HOLD HARMLESS POLICY AND PROVISION FOR INDEMNITY: In consideration of being allowed to enter upon the land and/or facilities owned or operated by the City of Brentwood or its affiliates, participant agrees to defend, indemnify and hold harmless the City of Brentwood together with its elected and appointed officers, employees, agents, successors and assigns collectively here referred to as RELEASES, and each of them from any claim, cause of action, loss, liability, damage, expense or cost, including attorney's fees, incurred or initiated due to or in any way arising from the presence of the participant or the participant's agents employees or guests in or upon the land or facilities owned or operated by the City of Brentwood or its affiliates caused by the negligence of the RELEASES or otherwise. Participant expressly agrees that this indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of Missouri; and if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

Signature: _____ **Date:** _____

Please complete and return prior to scheduling. Send to:

MAGIC Bus/Attn: Allison Koger
2505 S. Brentwood Blvd.
Brentwood, MO 63144

Emergency Contact Information Section on the back of this form must be completed.

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Emergency Contact Information:
Riders must list at least one emergency contact.
We request that a local emergency contact be included. Additional emergency contacts may be listed.

1. Name:_____ Relation to rider:_____

Home Phone:_____ Cell Phone:_____

2. Name:_____ Relation to rider:_____

Home Phone:_____ Cell Phone:_____

3. Name:_____ Relation to rider:_____

Home Phone:_____ Cell Phone:_____

4. Name:_____ Relation to rider:_____

Home Phone:_____ Cell Phone:_____

Guardian Information is required for all riders under 18 years of age:

Name of parent or Guardian: _____

Signature: _____ Relation to rider:_____

Home phone:_____ Cell Phone:_____