



**FLEX-T MOBILITY PARTNER
REGISTRATION & AGREEMENT FORM**

Please fill out the form completely to be registered as a member of the Flex-T Mobility Partner Program.

• **Rider’s Information**

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ E-mail: _____

• **Legal Guardian/Parent(s)**

Name: _____ Name: _____

Address, if different: _____

Preferred Phone: _____ E-mail: _____

• **Work Information**

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please circle the days you normally work (if your schedule varies circle all days):

Monday Tuesday Wednesday Thursday Friday

Work Hours: Arrive by: _____ Leave by: _____

• **Emergency Contact: (family member/friend/aide/guardian)**

#1. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

#2. Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

How did you hear about the program? _____

Will you travel with an aide/caregiver? Yes _____ No _____

Do you need accommodation for any mobility devices? Yes _____ No _____

- **Billing:**

1. We will set up a personal transportation account which is like a personal bank account. To open your prepaid transportation account you need to send a **check made to 'Meadowlink'** (or credit card information) for the membership fee of \$15 (\$25/couple) along with a starting balance of \$20 or more.

Mail check to: Meadowlink
ATTN: Flex-T
144 Park Place East Wood-Ridge, NJ 07075

2. Once your paperwork is completed, you will be contacted and you may begin scheduling rides.
3. Initial pick up fee: \$2.50 and mileage fee:
 - a. Trips within 10 miles - \$0.55/mile.
 - b. Trips beyond 10 miles - \$1.10/mile(Mileage fee is based on the Internal Revenue Service reimbursement rates, which may be changed from time to time)
4. Fee for each trip will be deducted from your personal transportation account. Without having to exchange cash at the time of your ride, you will find it is more like riding with a friend or family member than taking a taxi. Our goal is to offer you independence, comfort and convenience in a well marked automobile.
5. Your account will be debited at the end of each month, and you will receive a monthly statement that details your rides and any other account activity such as payments, discounts, credits or gift certificates. Statements will be mailed by the 5th of the following month.
6. Your account will be automatically debited a \$15 membership fee on the anniversary of your membership.
7. You are required to maintain a balance sufficient to cover your monthly rides;
8. If you have an unpaid balance for longer than 30 days, your account will be suspended until sufficient funds have been deposited to return to a positive balance;
9. You may request the balance of your account be reimbursed to you at any time.

- **EZ Ride Contact Information**

Bergen/Hudson County: 201-939-4242 Essex/Union County: 973-961-6941
Passaic County: 201-621-2577 Monmouth County: 732-462-3333

- **Rider Conduct and Responsibilities**

1. Please be punctual and ready when your driver arrives. Drivers are not expected to wait if a passenger is running late at the scheduled pick-up time. Riders are expected to be present at the pick-up location five (5) minutes before assigned

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144 Park Place East, Wood-Ridge, NJ 07075

Tel: 201-939-4242 Fax: 201-939-2630

pic-up time. If you live in an apartment complex, wait in the main lobby or outside. No show will lead to full charge for the ride.

2. You may bring an aide or someone to physically assist you, but it is your responsibility to make sure they are ready at pick-up time too. The driver may escort you to the vehicle, but may not physically assist you.
3. Drivers are not allowed to make unauthorized stops. If you change your destination, you need to inform the dispatcher 24 hours before starting your trip.
4. Please be courteous and considerate of others. Use of foul language will not be tolerated.
5. The driver is responsible for in-vehicle conduct of riders. All instructions and safety rules must be followed. We do not tolerate any abuse (verbal or physical) of our staff, especially drivers. Clients who abuse our staff will have their service suspended for two weeks. Repeat offenders will not be served.
6. All requests for schedule changes or cancellations must be requested at least 24 hours in advance. Late cancellations will invite 50% charge. Please call Mon-Fri between 8:00am and 4:00pm only (see contact phone numbers listed above).
7. If you have a comment or complaint, please put it in writing and mail to us so that the issue can be resolved. Prompt reporting is helpful in properly addressing your concerns.
8. Handling of Incidents: In the event of any incident, such as: unruly or uncooperative behavior, rider sickness, accident or other circumstances requiring immediate attention, EZ Ride staff will follow procedure per company policy:
 - Driver will report the incident to staff/manager and call 9-1-1 if required.
 - Keeping in view safety of all riders, staff/manager will notify authorities/medical center if not already done.
 - Emergency contact provided for the rider will be notified
9. Riders are responsible for their belongings and asked to not leave packages, food, or trash in the vehicle.
10. All riders have the right to a pleasant and safe trip and are responsible for following the program rules. Be sure to use your seat belt.
11. **NO** money must be exchanged with the volunteer driver. **NO** tipping allowed.
12. We reserve the right to refuse service based on violation of these rules.

I agree to the above terms & conditions

Rider Signature

I agree to the above terms & conditions

Legal Guardian



RELEASE AND WAIVER OF LIABILITY

Please read carefully! This is a legal document that affects your legal rights.

This Release and Waiver of Liability (the "Release") executed today by the Rider and in favor of Meadowlands Transportation Brokerage Corporation d/b/a Meadowlink/EZ Ride nonprofit corporation, our directors, officers, employees, and agents (collectively, "Provider"). The Rider desires to use EZ Ride Flex-T Mobility Partner Program (the "Program") to obtain subsidized rides.

The Rider understands that the rides will be provided in EZ Ride marked vehicles owned by EZ Ride, driven by volunteers (the "Volunteers") working with EZ Ride. The Rider hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Rider does hereby release and forever discharge and hold harmless EZ Ride and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from his/her use of EZ Ride Flex-T Mobility Partner Program.

Rider understands that this Release discharges the Providers from any liability or claim that the Rider may have against them with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Rider's participation in the Flex-T Mobility Partner Program, whether caused by the negligence of the Providers or their officers, directors, employees, or agents or otherwise. Rider also understands that the Providers do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

It is a policy of the Flex-T Mobility Partner Program that the Riders must meet the volunteer punctually at the curbside. Caregiver may ride free with the Rider if the origin and destination of the ride is same.

Medical Treatment. Rider does hereby release and forever discharge the Providers from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with his/her use of EZ Ride Flex-T Mobility Partner Program.

Assumption of Risk. Rider understands that any accident during transportation may cause minor or serious physical injury, or death, to the Rider, including, but not limited to, slip and fall while boarding and getting out of vehicle, and transportation to and from the Rider's destination. Rider agrees to use the Flex-T Mobility Partner Program with full knowledge of the dangers and potential injuries involved. Rider hereby expressly and specifically assumes the risk of injury or harm in the transportation activities and releases the Providers from all liability for injury, illness, death, or property damage resulting

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from the transportation activities and/or Volunteer or Provider's negligence. Rider also agrees to indemnify the Providers for any injury they cause one another.

Insurance. Rider understands that, except as otherwise agreed to by the Providers in writing, they carry the statutory insurance coverage for the EZ Ride Flex-T Mobility Partner Program. Though they also maintain commercial general liability insurance, it may or may not apply to specific circumstances. Each Rider is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Rider does hereby grant and convey unto Meadowlink all right, title, and interest in any and all photographic images and video or audio recordings made by the Providers related to the Rider's transportation activities with the EZ Ride Flex-T Mobility Partner Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Rider expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Rider agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Rider has executed this Release as of the day and year written below.

Signature of Rider

Print Name

Date

Signature of Legal Guardian

Print Name

Date