

Regional Transportation Service Application Form - Medical

To Be Completed By A Health Care Professional (in the event you are utilizing the transportation service for non-medical needs, please continue to the waiver portion of this Form).

The Regional Transportation Service – Brooks to Medicine Hat Pilot Project is a service that is providing transportation services for residents within the Newell Region who are in need of service to Medicine Hat (specifically those in need of medical services).

In order to ensure that Service resources are properly and effectively dedicated to the individuals it is intended to serve, it is necessary that applicants be carefully assessed to ensure the safety of both service driver and passenger.

For assistance or questions regarding the service, please call 403-362-3333.

**Any charges incurred during the process of completing these forms are the sole responsibility of the applicant.*

Applicant's Name _____
Last First Middle

1. I have read and understood the guidelines. Yes No
2. I agree with the information provided in the application. Yes No

If you answered **NO**, please explain: _____

3. Are there any health condition(s) or disability that prevents the applicant from using the transit service?

4. Severity of disability/limitations: Mild Moderate Severe Profound

5. Expected duration of disability: Temporary - Expected duration: ____/____/____
YYY Y MM DD

Permanent - No expectation of improvement

Seasonal - Use of regular transit impacted by winter ice and snow conditions (Approx. Oct. - Apr.)

Regional Transportation Service – Medical Waiver and Release Form

In consideration of the acceptance of my participation with the Regional Transportation Service, Brooks to Medicine Hat transportation Project (the "Project"), riding in its vehicles and all of the Projects related activities, I agree to the following:

1. I hereby agree to comply with the rules and policies stated within the Regional Transportation Services, Brooks to Medicine Hat Project Guide Book.
2. For myself, my executors, my administrators, my heirs, my next of kin, my successors, my assignees, I HEREBY:
 - a) Waive and release any and all claims that I may have against the City of Brooks, County of Newell, Village of Rosemary, Village of Duchess and Town of Bassano (the "Organizers") their committees, officers, directors, members, volunteers, employees, agents, sponsors or their successors and assignees, including any and all claims for damages caused by negligence of any of them, arising out of my participation in the Project, riding in its vehicles and participating in any of the Project's activities or related events, together with any costs, including attorneys' fees, that may be incurred as a result of any such claim whether valid or not, and;
 - b) Indemnify and hold harmless and release each of the Organizers against and from any such claims, that I or my executors, heirs or assignees may have or assert and against them and any costs they may have including attorney's fees with respect thereto.
3. I hereby acknowledge that I have sole responsibility for my personal health during my involvement in any Project related activities.
4. I hereby acknowledge that participation in the Project carries with it inherent risks and potential hazards. I therefore release the Organizers, the Project committee, their officers, directors, members, volunteers, employees, sponsors, of any liability resulting from injury or death during my involvement with the Project and its related activities.
5. I hereby attest and verify that I am physically fit and that my physical condition does not prevent me from participating in the Project and this has been verified by a licensed medical doctor.
6. The Organizer is not responsible for any injuries sustained by me during my involvement with the Project or any of its activities and I hereby consent and authorize the Organizer

to seek medical assistance and to administer medical treatment, which may be deemed advisable in the event of injury, accident, and or illness during the Project.

All participants (and if applicable, parent or guardian) accessing this service for non medical needs who have not had a qualified Health Care Professional complete sections 1 – 9 of the application form, must sign the waiver and release form in order to access the service.

Date

Signature of Participant

Print Name of Participant

Witness

Parent/ guardian's signature (if under 18 years)