



**GoMonrovia
Monrovia Transit Application
Please complete application and return to:**

600 S. Mountain Ave. Monrovia, CA 91016, Mon – Thurs 7:00 a.m. – 6:00 p.m.
Phone: Sophia Sousa at (626) 932-5512
Email: gomonrovia@ci.monrovia.ca.us

Please answer all questions on this form, and return the application to the Monrovia Public Works Department. *Incomplete applications will not be processed* and will be returned to the applicant for completion.

Submit the following to initiate your Dial-A-Ride Certification:

1. **Completed Application** (including signed waiver and code of conduct on Page 2)
2. **Eligibility Documentation**, which can be a copy of any **one** of the following:
 - Identification Card or Driver’s License (*option for senior passengers 62+*)
 - Current Access ID Card
 - Current SSI/SSDI Award Letter
 - Valid Blue California DMV Disabled Placard Receipt
 - Department of Veterans Affairs Documentation of Service Connected Disability
 - Current Transit Discount ID for Disability
 - Doctor’s Note/Written Recommendation for Use of Transit
 - Other (*Please contact Sophia Sousa to determine if other documentation will suffice*)

Applicant Information:

Full Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Primary Language (Optional): English Spanish Other _____

For Senior Passengers (Optional): Initial here if you identify as someone with a disability(ies): _____

Travel Needs: Which of the following mobility aids or equipment do you anticipate using on Monrovia Transit?
(Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 or 4 Wheel Scooter | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Cane/Crutches | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Other _____ | | |

Do you travel with a personal care attendant?

- Always Sometimes Never

Emergency Contact: Name: _____

Relationship: _____ Phone Number: _____

Waiver, Release and Discharge of Liability

In consideration of my being permitted to enroll and participate in Monrovia Transit ("said activity" herein) sponsored by the City of Monrovia, I hereby voluntarily waive, release and discharge in advance any and all actions or causes of action and claims for personal injury, property damage, or wrongful death which I may have, or which may hereafter accrue to me, my heirs or any other successors in interest as a result of my participation in said activity including activities incidental thereto, and for whatever period said activity may continue. This release is intended to the fullest extent permitted by law, to waive, release and discharge in advance the City of Monrovia and their respective elected officials, officers, employees and agents (hereafter "Discharged Parties") from any liability for personal injury, property damage or wrongful death caused by any act or omission by such Discharged Parties.

I understand that serious and minor accidents occasionally occur during said activity and that participants occasionally sustain fatal or serious personal injuries and as a consequence I assume those risks and agree that under no circumstances will I or any of my heirs, assign or any other successors in interest prosecute any civil action or present any claim for personal injury, property damage or wrongful death against the Discharged Parties who, through negligence or otherwise, might otherwise be liable to me, or my heirs, or other successors in interest for damages.

I further agree, for myself and on behalf of my heirs and any other successors in interest, that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Discharged Parties or any of them, as a result of my participation in said activity, I shall indemnify and hold harmless the Discharged Parties from any and all liability, claims and/or wrongful death.

Code of Conduct

In addition to the Waiver, Release and Discharge of Liability above, by submitting this application, I agree to abide by the standards set forth in the following Code of Conduct:

1. I will treat fellow riders, drivers, and system staff appropriately and with respect.
2. I will not threaten, physically abuse, or verbally abuse fellow riders, drivers, or system staff.
3. I will not use obscene language, and/or any other inappropriate conduct toward fellow riders, drivers, or system staff is prohibited.
4. I will not damage or deface any GoMonrovia vehicle, public or private property.
5. I will not carry firearms or ammunition, fireworks, or any type of weapon in a GoMonrovia vehicle.
6. I will comply with all safety rules and instructions from the driver or system staff, or as posted.

If my behavior becomes disruptive, is a persistent nuisance to fellow riders, drivers, or system staff, and/or violates this Code of Conduct, City of Monrovia has the right to suspend, restrict, or eliminate my future usage of the service.

Signature: _____

- I certify that the information I gave in this application is true and correct. I have reviewed, understand, and further agree to the Waiver, Release and Discharge of Liability and the Code of Conduct, both as set forth above.
- Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.

Application Representative: If applicant is under 18 years of age or someone other than the applicant is completing this application, the following must be provided:

Name: _____

Signature: _____

Relationship to Applicant: _____

Phone Number: _____