



Getting There Ride Share

Rider Waiver Form

Rider Waiver:

As a **Rider** with a **GTRS** paying **passenger**, I understand I can travel only from and to the same location as the paying passenger has scheduled. There is no additional fee.

I understand and expressly assume all responsibility of any dangers riding with **Getting There Ride Share**. I waive all claims arising out of the transport whether caused by negligence, breach of contract or otherwise; and whether for bodily injury, property damage or loss or otherwise, that I may ever have against **Getting There Ride Share**, its successors and assigns, its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that they provide. A copy of the procedures is available upon request.



Signed _____ Date _____

Please print name _____

Phone numbers: home: _____ work/cell: _____

Emergency contact: _____ Phone: _____

Name of paying passenger:

Relationship to paying passenger:

Please submit form to: Getting There Ride Share, 1024 Main St., Darlington, MD 21034