

**Rider  
Member  
Agreement**

To become a member of our Rider Program at the Castle Rock Senior Activity Center, please **sign** and **return** the following to: 2323 Woodlands Blvd. Castle Rock, CO 80104

- Rider Membership Application
- Douglas County Consumer Intake Form
- Rider Member Agreement Signature page (this page)
- *Please submit a copy of one of the following forms of identification for our records:*
  - Colorado driver's license or identification card*
  - United States military identification or dependent's identification card*
  - United States coast guard merchant mariner card*
  - Native American tribal document*

**Questions? Call Castle Rock Senior Activity Center at 303-688-9498**

[www.castlerockseniorcenter.org](http://www.castlerockseniorcenter.org)

**SIGN AND SEND BACK TO US**

**MEMBER AGREEMENT SIGNATURE PAGE**

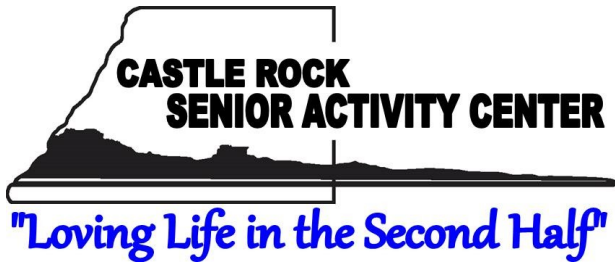
I have read and agree to comply with the Castle Rock Senior Activity Center's Rider Program Agreement. I understand that my involvement in the program is voluntary, and the ability to accept and transport members is at the discretion of Castle Rock Senior Activity Center. I will not make arrangements for these services on my own but will contact the Castle Rock Senior Activity Center when I need a ride scheduled. I understand the Castle Rock Senior Activity Center is a local non-profit and accepts contributions towards services and/or donations that may be tax deductible. I understand that services will not be refused to members who are unable to donate or contribute.

By signing below, I certify that I have read this document and understand its terms and will comply with the member agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2323 Woodlands Blvd, Castle Rock, CO 80104 303-688-9498

**CONTINUED ON THE BACK**



**Rider  
Membership  
Application**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Name of Community (Retirement / Assisted Living Community, Apartment Complex, Subdivision, etc)

\_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Do you drive? \_\_\_\_\_ If no, why? \_\_\_\_\_

Physical limitations/disabilities: \_\_\_\_\_

Any assistance devices used ( i.e. wheelchair, walker, cane, etc.): \_\_\_\_\_

Are you married? \_\_\_\_\_ Who do you live with? \_\_\_\_\_

Family members living in town: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**Emergency Contact information**

<b>THIS MUST BE COMPLETED</b>	
Name: _____	
Relationship: _____	
Home Phone: _____	Cell/Work Phone: _____
Email Address: _____	

**RELEASE OF LIABILITY**

I hereby release Castle Rock Senior Activity Center, its staff, board of directors, associates and volunteers from all liability for any injury, medical expenses or damages related to services completed by Castle Rock Senior Activity Center and its volunteers. I indemnify and hold harmless Castle Rock Senior Activity Center, its staff, board of directors, associates and volunteers from all claims, demands, losses, cause of action, lawsuits, judgements, including attorney's fees and costs, arising out of, or relating to, activities related to services provided by Castle Rock Senior Activity Center.

I agree to follow and adhere completely to Castle Rock Senior Activity Center program rules and guidelines. The ability to transport members is at the discretion of Castle Rock Senior Activity Center. By signing below, I certify that I have read this document and understand its terms and have read and will comply with the member agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_