

COMPANION FORM

First Name:			MI:			Last Name:		
Other Names Known As:						Date of Birth:		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender F-M <input type="checkbox"/> Transgender M-F <input type="checkbox"/> Other <input type="checkbox"/> Unknown								
Home Phone:						Work Phone:		
Cell Phone:			Smartphone: Y/N			Email:		
Address:								
City:			State:			Zip:		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:								
English Fluency: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Not Fluent								
Emergency Contact:						Relationship:		
Phone Number:						Also a client? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SASCC and WVCS are committed to treating you with dignity and respect. It is our goal to provide equal treatment to all seeking our services. We ask that you treat our staff and volunteers in the same manner. We reserve the right to refuse service to anyone unable to comply. Please read and sign the following:
SASCC or WVCS may ask for verification of the information I provide and that this information will allow the program staff to assist me in an effective way. I understand that if I am unwilling to provide the necessary paperwork and/or am unable to verify my need, SASCC and WVCS may not be able to provide me with assistance. All information I provide is true and accurate.

All information between SASCC and WVCS and me is held strictly confidential unless:

1. I authorize a release of information with a signature;
2. SASCC and/or WVCS is ordered by court to release information;
3. I present a danger to myself or others;
4. Child & adult abuse/neglect are suspected;

In the latter two cases, SASCC and WVCS staff is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Print Name

Signature

Date

Waiver of Liability - Hold Harmless Agreement

In consideration for receiving services provided by **Saratoga Area Senior Coordinating Council (SASCC) and West Valley Community Services (WVCS)**, including, but not limited to access to the Food Pantry, I hereby release, waive, discharge and covenant not to sue SASCC and/or WVCS, its officers, servants, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases, any third party, or otherwise.

I hereby acknowledge that the Senior Transportation Pilot Program (RYDE) is a service provided by SASCC and WVCS, and funded by Santa Clara County. I hereby waive the right to make any claims against Santa Clara County, WVCS and/or SASCC, or their official, employees, and volunteers for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in this program. I also acknowledge that WVCS and SASCC reserve the right to refuse transportation service."

I am fully aware of risks and hazards connected with being on the premises and receiving services, including food from the Food Pantry and /or Senior Transportation Program service (RYDE), and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and receiving services, and I hereby elect to voluntarily participate in receiving services provided by SASCC or WVCS, its officers, servants, agents and employees, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of receiving services from SASCC or WVCS, whether caused by the negligence of releases or otherwise. I agree and acknowledge that (i) intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of my lack of knowledge is the result of ignorance, oversight, error, negligence or any other cause, and (ii) this release is a material term and condition precedent for my employment/services with SASCC or WVCS.

I further hereby agree to indemnify and save and hold harmless the releases and each of them, from any loss, liability, damage or costs they may incur, whether caused by the negligence of any or all of the releases, or otherwise.

I authorize SASCC and WVCS to use and disclose my protected "passenger information" to County for the purposes of program oversight. "Passenger information" shall be defined as follows: income verification; customer feedback forms; trip information, including pickup and destination information; and all other information SASCC or WVCS have gathered within scope of RYDE.

I hereby grant the West Valley Community Services (WVCS) and Saratoga Area Senior Coordinating Council (SASCC) permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of WVCS and SASCC and will not be returned.

I hereby irrevocably authorize WVCS and SASCC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releases.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
3. I am at least eighteen (18) years of age and fully competent; and
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signature: _____ Name Printed: _____ Date: _____