

# Directions for Completing

## TRAIL Annual Rider Registration | New Rider Application

Service period - September 2017 thru August 2018

Please complete and sign **both** the registration and waiver forms. ***You must return BOTH completed forms and a \$10 check by September 5, 2017 to avoid interruption of current service. Applications for first-time riders will be evaluated for eligibility and notified within two weeks of receipt.***

- Fill out and sign both forms.
- Print and review the entire Rider Handbook. ***Directions on how to cancel a ride, contact names and phone numbers have been updated!*** Keep this information in a safe place. If you use a cell phone, program in the numbers for TRAIL, Transit Team and AR&E staff.
- Mail the completed application and a ***check for \$10 payable to TRAIL*** to:

TRAIL  
c/o Michelle Veith  
9691 Belmont Lane  
Eden Prairie, MN 55347

If you have any questions or need help filling out your application, please ask a staff or family member. Call Michelle at 612-401-6395 or email her at [ridetrail@msn.com](mailto:ridetrail@msn.com) if you have any questions.



# Annual Rider Registration | New Rider Application

## Service Period - September 2017 thru August 2018

Mail completed form along with \$10.00 registration/application fee (checks payable to TRAIL) to:  
TRAIL | 9691 Belmont Lane, Eden Prairie, MN 55347  
Questions? Email [ridetrail@msn.com](mailto:ridetrail@msn.com) or call 612-401-6395.

### PART A Applicant Data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What number should we call with your pickup time: \_\_\_\_\_ or \_\_\_\_\_

Are you currently a TRAIL Rider?  Yes  No Is there an additional person to be called with your pickup time?:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts

**1st Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**2nd contact (other than above):** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Support/SILS staff:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### PART B Medical, Transportation & Safety Needs

1. Is there any special health information (physical limitations, seizures, heart trouble, diabetes, medications, allergies, restrictions, etc.)? Be specific, enclose additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have epilepsy or seizures?  Yes  No If yes, complete all of question 2.

Type of seizure/epilepsy: \_\_\_\_\_ Receiving treatment?  Yes  No On Medications?  Yes  No

Likelihood and frequency of seizure: \_\_\_\_\_

Desired first aid procedures: \_\_\_\_\_

**(Note: Transportation provider policy is to call for an ambulance if seizure lasts longer than 5 minutes.)**

3. Which of the following assistive devices, if any, do you use? (Please check all that apply)

Cane  Walker  Manual Wheelchair  Powered Scooter/Cart

White Cane  Crutches  Powered Wheelchair  Communication Aid

Other (please describe): \_\_\_\_\_

4. Do you need assistance boarding or un-boarding:  Yes  No If yes, please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you a Metro Mobility Rider?  Yes  No

6. Do you have an up-to-date AR&LE Participant Profile?  Yes  No  Unsure

7. Please check all the categories below as they relate to your ability to use TRAIL transportation:

I am:	<u>Yes</u>	<u>No</u>	<u>Sometimes</u>
A. able to interact independently in the community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. able to communicate needs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. able to follow directions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. able to understand the Rider Handbook and have reviewed rider responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. able to deal with unexpected situations or changes in routine (i.e. bus detours) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. able to recognize changes in terrain, such as curbs and other drop offs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. able to travel independently along sidewalks and other pedestrian ways .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. able to cross streets independently .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. able to keep track of time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. able to understand procedure to cancel a TRAIL ride .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. able to safely enter/exit the bus (this includes stepping up/down steps) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. able to get on and off a bus using the lift if necessary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "No" or "Sometimes" to any of the items in question 7, please explain:

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**PART C** Current Living Arrangement

What is your current living arrangement? (please check)

Independently: \_\_\_\_\_ Semi-independently w/o transportation: \_\_\_\_\_ With parents/family member: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Is there additional information you feel is important for us to know about your transportation situation in reviewing your application?

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**PART D** Applicant Signature

The information provided on this form is private data and is used to determine eligibility. All medical, biographical, and locational information is private and cannot be released to any organization, service provider or person, unless authorized in writing by applicant. Notwithstanding the foregoing, by signing below, applicant or the authorized representative of applicant, consents to and authorizes Transportation Resource to Aid Independent Living, Inc. ("TRAIL") to release, provide and share information contained in this application, medical or otherwise, with the Adaptive Recreation and Learning Exchange ("AR&LE") and any transportation provider contracted by TRAIL to provide the transportation services. I understand that this is an application for transportation services provided by TRAIL and service may not be available to all locations within Bloomington, Eden Prairie, Edina and Richfield.

**I certify that all information in this application form is accurate and I have reviewed the Rider Handbook and understand my responsibilities as a TRAIL rider. I understand that this application may be shared with AR&LE staff to determine applicant eligibility for TRAIL transportation services. I also understand that new riders are subject to a 60 day probationary period.**

I release TRAIL and its members, directors, employees, agents, and representatives from any liability from any claims, injuries, or damages incurred in the carrying out of this transportation service and agree to sign and provide to TRAIL the Indemnification, Waiver and Release of Liability attached hereto. A copy of this application and the Indemnification, Waiver and Release of Liability will be provided to the transportation provider.

**Photo Waiver:** Please check  if you **do not** wish your picture/first name to be used for publicity purposes, which may include TRAIL's website and Facebook.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is not his/her own guardian, the following information about the guardian is required:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORTATION RESOURCE TO AID INDEPENDENT LIVING, INC. (TRAIL)  
ANNUAL RIDER AND NEW RIDER  
INDEMNIFICATION, WAIVER AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, the Participant / Authorized Representative  
circle one  
of \_\_\_\_\_, assume all responsibility, risks and hazards incidental to my participation in and use of the transportation services provided by Transportation Resource to Aid Independent Living, Inc. ("TRAIL") and the activities and services related thereto, and specifically waive, release, absolve, covenant not to sue, and agree to hold harmless TRAIL and their respective directors, members, officers, employees, agents, and representatives and any transportation provider contracted with by TRAIL (collectively "Trail Affiliated Parties") to provide the transportation services, for any claim, loss, damage, injury, or loss of life that occurs to me or any property arising out of such activities. I also agree to defend, indemnify and hold harmless TRAIL and the TRAIL Affiliated Parties, personally for any and all loss, liability, costs, damages and expenses whatsoever (including reasonable attorney's fees) attributable to actions, claims, suits, or demands, brought by any person or entity arising out of any of my acts or omissions during my use of TRAIL services.

I understand that I will conduct myself so as not to cause harm to myself, the transportation provider, or other individuals using TRAIL transportation services during my use of TRAIL services.

I have read this document prior to signing it and agree with and understand the provisions set forth above. I represent that I have the authority to execute this document on behalf of myself or as the Authorized Representative.

**Signature of Participant or Authorized Representative:**

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

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

**If Authorized Representative, name of Participant:**

\_\_\_\_\_