GUARANTEED RIDE HOME

EMPLOYEE REGISTRATION

Name: _____

Employer: _____

Department: _____

Employer Address: _____
Street Address

San Francisco — California — 94129
City — State — ZIP Code

Work Phone: (415) _____ Home Phone: ( ) _____

Home Address: _____
Street Address

_____
City — State — ZIP Code

Email: _____

Please indicate the number of days per week you use each of the following for your commute to work :

	Number of Days per Week		*Number of Days per Week*
Carpool	_____	Ferry	_____
Vanpool	_____	Walk	_____
Train/BART	_____	Bicycle	_____
Bus*	_____		

*If you ride the bus, which service do you use?

- ☐ Muni
- ☐ Golden Gate Transit
- ☐ AC Transit
- ☐ SamTrans
- ☐ Other _____

Number of miles you live from your worksite: _____

How did you find out about the Guaranteed Ride Home Program?

_____

_____

Liability Waiver on Reverse Side Must be Signed to Complete Registration.

Return this registration form to: **Presidio Trust Guaranteed Ride Home Program, Attn: TDM Coordinator**
34 Graham Street, PO Box 29052, San Francisco, CA 94129-0052, Fax: (415) 561-7621

GUARANTEED RIDE HOME

LIABILITY WAIVER AND GENERAL RELEASE OF ALL CLAIMS

Complete the registration form on the reverse side prior to reading and signing this liability waiver .

The Guaranteed Ride Home Program (the "Program") is a purely voluntary program offered by the Presidio Trust in cooperation with my employer, _____.

I hereby acknowledge that I am voluntarily participating in the Program. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this program. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against the United States, the Presidio Trust, its directors, officers, or employees (collectively, the "Released Parties") from any and all claims or demands I may have in whole or in part by reason of any accident, illness, injury or death, damage to or loss or destruction of any property, other losses, liabilities, and costs (including without limitation reasonable attorneys' fees, expert witness expenses, litigation costs, and disbursements) arising or resulting directly or indirectly from (a) any act or omission, negligent or otherwise, of the Released Parties or (b) my participation in the Program and either occurring during such participation or any time subsequent thereto. This Liability Waiver and General Release of All Claims is binding on my heirs, executors, administrators and all of my family members; provided, however, that my assumption of risk, hold harmless, release, waiver, discharge and covenant not to sue shall not apply to exempt anyone from responsibility for his own fraud, or willful injury to the person or property of another, or violation of law, whether willful or negligent. The provisions of this document shall survive the earlier termination of my participation in the Program.

I hereby acknowledge that my participation in the Program does not in any manner imply that I am acting in the course and scope of official business for my employer, nor does it in any manner establish an employer-employee or agency-employee or agency relationship with the Presidio Trust.

I affirm that the information I have provided is true and I have reviewed the rules and regulations of this program.

_____ _____
Signature **Date**