

Please note: To sign up for CATA's Emergency Ride Home Program, you must already be registered with CATA Clean Commute Options. Call (517) 393-7433 to sign up or download the application on www.cata.org.

NAME _____

ADDRESS _____ APT. # _____

CITY _____ ZIP _____

PHONE _____

E-MAIL _____

EMPLOYER/SCHOOL _____

SUPERVISOR _____

ADDRESS _____

CITY _____ ZIP _____

WORK PHONE _____

WORK/SCHOOL HOURS: BEGIN TIME _____ END TIME _____

Please mail or fax completed form to:

Capital Area Transportation Authority
Clean Commute Options
4615 Tranter Street
Lansing, MI 48910
phone: (517) 393-RIDE (7433)
fax: (517) 394-3733



I understand that I must use a clean commute alternative at least 3 days a week to be eligible for the ERH program.

Please check the appropriate box below to explain how you commute to work/home:

I participate in a carpool at least 3 days a week.

I participate in a vanpool at least 3 days a week.

VANPOOL # _____

I ride the bus at least 3 days a week. I normally ride: CATA ROUTE(S) EATRAN CLINTON TRANSIT

Estimated one-way mileage from home to work: _____

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

Web Site Brochure CATA Contact Other: _____
PLEASE LIST

CERTIFICATION AND RELEASE

I, the undersigned, certify that I am eligible for the Emergency Ride Home Program ("Program") as defined in the Capital Area Transportation Authority's ("CATA") Regulations ("Regulations"). I acknowledge receipt and understanding of the Regulations and agree to abide by them. I recognize participation in the Program is purely voluntary; and I understand inappropriate use of the Program will require that I reimburse all expenses incurred as a result of my inappropriate use, and that CATA may terminate my participation in the Program as a result.

I understand CATA's role in the Program is to act as a data bank to facilitate the Program. I acknowledge CATA makes no representation or guarantee regarding timeliness, safety of transportation or insurance coverage/limits provided by the participants in the Program.

I, on behalf of myself and anyone claiming through me, release CATA, its agents, employees, officials, successors and assigns (the "Released Parties"), from any and all claims and causes of action whatsoever, known or unknown, accrued or contingent, which I may have against any of the Released Parties related in any way to the Program. I further agree to defend, hold harmless, and indemnify the Released Parties against any and all claims and expenses, including reasonable attorneys fees, asserted at anytime by anyone, whether meritorious or groundless, based in whole or in part, on my participation in the Program.

SIGNATURE

DATE