

## Passenger List and Statement of Release

### Senior Adult Program Transportation for Adults 50 and Better

By participating in Harris County Precinct 4's senior adult transportation program, I agree to release, indemnify, and hold harmless Harris County, its officers, volunteers, agents, and employees from all claims of any kind, character, type or description arising out of my participation in this service, including, but not limited to, claims attributable to the negligence of Harris County, its officers, volunteers, agents or employees.

GROUP NAME: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (Please Print)	ADDRESS (Please Print)	DAYTIME PHONE NUMBER	EMERGENCY CONTACT (Please Print)		<b>BUS DRIVER'S USE ONLY</b>
			Name	Phone Number	<b>Seat Number</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

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NAME (Please Print)	ADDRESS (Please Print)	DAYTIME PHONE NUMBER	EMERGENCY CONTACT (Please Print)		<b>BUS DRIVER'S USE ONLY</b>
			Name	Phone Number	<b>Seat Number</b>
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					

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NAME (Please Print)	ADDRESS (Please Print)	DAYTIME PHONE NUMBER	EMERGENCY CONTACT (Please Print)		<b>BUS DRIVER'S USE ONLY</b>
			Name	Phone Number	<b>Seat Number</b>
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					