

Rider Code of Conduct

On behalf of the Volunteer Transportation Coordinator of the MyRide Jonesborough program, welcome as a rider! We thank you for using our service and believe that you are special and deserve the best opportunities to enhance your quality of life. MyRide relies on the generosity of volunteer drivers to provide rides for you. It is important that you understand and follow the Code of Conduct and respect the volunteers by honoring it every time you receive a MyRide ride.

- I will be ready for my ride at the scheduled time.
- I will not make derogatory or discriminatory remarks.
- I will not use alcoholic beverages or mood altering drugs prior to or during my ride.
- I will not smoke or eat in the driver's automobile.
- I will treat the driver with dignity, courtesy, and respect.
- I will immediately contact the driver and MyRide as soon as I know that I am not able to keep my requested ride. No shows and last-minute cancellations may result in penalties.
- A MyRide Report Card will be provided to me to address both positive and negative comments of the MyRide program. I will promptly complete it and mail it back to MyRide.
- I understand that MyRide provides service through the door, both at my house and at the destination, if I need it.
- I understand that the driver will only take me to the destination that is originally scheduled on the specific day of travel and to no other destination without prior approval.
- I understand the volunteer driver is not required to carry, lift, or provide special assistance that could cause harm.
- I know that I will be responsible to prepay for my rides and also pay for any parking or toll fees.
- I know that MyRide drivers cannot accept any money, gifts or tips.
- Donations are accepted and greatly appreciated.

I have an obligation to uphold this code of conduct or I could face temporary or permanent removal from the MyRide program. No refunds can be expected.

Signature

Date

**MyRide Jonesborough Transportation
Informed Consent, Authorization for Emergency Treatment and Transportation
Agreement**

I, the undersigned, in consideration of my voluntary membership as a Rider in the MyRide Jonesborough Transportation Program (hereafter referred to as "Program"), do hereby assume full responsibility for all risk of injury or loss which may result from my participation in the Program. I acknowledge that I have received, read, and understand all of the information provided by the Program.

I agree to hold harmless, release and forever discharge the Jonesborough Area Senior Center, its officers, agents, employees, volunteers and funders from any and all claims and demands whatsoever which I or any third party may have against them by reason of any accident, illness, injury, or death, or damage to, loss of, or destruction of property arising or resulting directly or indirectly from my participation in the Program.

I understand, agree and acknowledge that travel by automobile is an inherently dangerous activity that may result in personal injury or possibly death and I understand and appreciate the nature of such hazards and risks. Additionally, to the best of my knowledge unless previously disclosed in writing to the Program, I have no medical, physical, mental, or emotional health conditions that would hinder my participation in the Program. In case of an emergency, I authorize the staff of the Program to obtain whatever medical treatment deemed necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I agree that this Consent and Release shall be construed in accordance with the laws of Tennessee and that the venue for any legal proceeding arising out of this agreement shall be in Tennessee. If any term or provision of this Consent and Release shall be held illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

I understand that the Program is under no obligation to provide services to me and that my membership may be terminated at any time with or without cause. I

also understand that the Program has a grievance policy in place to properly address any concerns and/or unresolved complaints that I may have related to my experiences.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while I participate in the Program. This release covers all activities and travel offered through the Program. I expressly assume all risk related to such activities and travel.

Member Signature

Date

Witness Signature

Date

MyRide Jonesborough Transportation Informed Consent and Release Form

We invite you to participate in marketing and outreach initiatives associated with our agency, its program, and its partnerships with other funders. More specifically, we request your permission to:

- Take photos of you singularly or with others;
- Interview you for the purposes of capturing your perspectives and testimonials about the services our agency provides;
- Videotape you for the purposes of capturing your perspectives and testimonials about the services our agency provides;
- Use any photo, videotape footage, and/or information gleaned from your interview for purposes of marketing and outreach which could include, but is not limited to, brochures, and other promotional materials, websites and social media, speeches or presentations, newspaper articles or advertisements, short videos, and other media and tools.

We also request your consent and permission to use your name, _____, in any of the above listed marketing and outreach initiatives.

Consent/Permission (Circle "1," "2," or "3")

I have read the above information and voluntarily consent to participate in (1) all of the above possibilities, (2) some of the possibilities as specified as below, or (3) none of the possibilities.

Participant Signature and Printed Name

Date

Witness Signature and Printed Name

Date

LIST EXCLUSIONS HERE: