# **RTC Washoe Rides Program Registration Form**

#### Uber 🗆 Lyft 🗆

## Please note: You can only select either Lyft or Uber, and this program cannot be used in conjunction with the Washoe Senior Ride Taxi Bucks program.

To qualify for either the RTC Washoe-Lyft or Uber Rides Program, you must meet the following criteria:

- 1. Be a resident of Washoe County (Reno or Sparks), Nevada.
- 2. Be at least 60 years of age, a Veteran of any age (you must provide your current Veteran ID), or an ACCESS client of any age.
- 3. Provide a copy of a valid Nevada ID issued by the Nevada Department of Motor Vehicles that displays a Reno or Sparks, Nevada address.

Submit the completed forms and required documents by:

Mail: Regional Transportation Commission 1105 Terminal Way Reno NV 89502 Fax: 775-348-3261

Email: rtcaccessapplication@rtcwashoe.com

The Lyft or Uber voucher or pass will be added to your account within five business days.

Name \_\_\_\_\_

Address

Phone Number on my Lyft/Uber Account with area code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address:

## You must create a Lyft or Uber account before completing this form.

I understand and agree that by participating in the RTC Washoe-Lyft/Uber Rides Program through Lyft/Uber and RTC of Washoe County will receive information about my ride history, including: the zip code and address of trip pick-up and drop-off locations, the vehicle option, date and time of ride, duration of ride and ride cost. I understand that this program is optional and I am not required to use it. I agree to all rules, fees and terms of use of Lyft/Uber including but not limited to rules of conduct, cancellation fees, no-show fees, etc. For complaints and issues, please contact Lyft/Uber customer service for assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Applicant Agreement**

I acknowledge that being driven by others is an inherently dangerous activity and that participation in this program could involve some danger to my person or property, or the person or property of others.

I understand and acknowledge that Lyft/Uber's drivers and other employees are not employees or agents of the Regional Transportation Commission of Washoe County ("RTC"). RTC only subsidizes rides and otherwise administers the program. In consideration of my participation in the program, I agree to hold harmless and fully indemnify RTC, its officers, directors, agents, employees, and volunteers, as well as any and all organizations, agencies, or individuals who provide funding to or otherwise support the program, from and against any and all claims, proceedings, actions, liability and damages (including attorney's fees and costs) due to property damage or injury or death to myself or others arising out of or in any way connected to my participation in the program, including, but not limited to, my failure to equip or maintain the safety of the adaptive equipment or service animal that I require for mobility.

I certify that the information provided in this application is true and correct. I understand that the information I am providing will be treated as confidential, will only be utilized to determine my initial and continuing eligibility for the program, and will be retained as a permanent part of my file. I hereby authorize the release of verification information and any additional information to RTC for the purpose of evaluating my eligibility to participate in the RTC Washoe-Lyft/Uber Rides Program.

I agree to abide by all RTC policies, as communicated to me, including policies in program guidelines, and I acknowledge that my failure to abide by any program policy may result in the termination of participation. I understand that it is the policy of RTC to pursue any alleged or suspected instances of fraud. A "fraudulent claim" is committed when a false representation of a present or past fact is made by the applicant, a member of his/her family, or an unrelated person such as his/her caregiver or volunteer driver, which results in the release of funds.

## I understand that continuation of the program is contingent upon funding.

Signature:	Date	2:

I understand that RTC may at times revise the policies and forms used for this program, and I agree to abide by the most recent versions of all documents.

Complete the following if another person filled out the application for the applicant:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature