



**LAKWOOD RIDES**  
**1580 Yarrow St.**  
**Lakewood, CO 80214-6029**  
**303.987.4826 - phone**  
**303.987.4841 – fax**  
**LakewoodRides@Lakewood.org**

Please print your name in the space provided and initial each item, sign and date the bottom of this form.

I, \_\_\_\_\_, a resident receiving service through the Lakewood Rides program acknowledge and understand as outlined below:

\_\_\_\_\_ I understand that my registration information will be stored electronically with an online scheduling service for the purpose of coordinating routes and schedules used by Lakewood Rides personnel.

\_\_\_\_\_ I understand that all my personal information will be kept confidential and that all electronic files are password protected.

\_\_\_\_\_ I understand that the hosting software company will have limited access to information stored by Lakewood Rides to service and maintain the software used by Lakewood Rides.

I, \_\_\_\_\_, a resident receiving service through the Lakewood Rides program give permission as outlined below:

\_\_\_\_\_ I understand that in the event of an emergency, unusual circumstance or other unusual event, Lakewood Rides' personnel may contact 911 and/or my designated emergency contact. If necessary, my registration information and related medical status at the time of the event will be given. The sharing of information with these contacts will allow for appropriate medical attention and assistance.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

If an individual receiving services from Lakewood Rides is unable to independently sign and acknowledge all items above, a signature from an authorized guardian is requested.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_