



**TOWN OF COLMA**

1198 El Camino Real • Colma, California • 94014-3212  
Tel 650.997.8300 • Fax 650.997.8308

**Colma Cab Connect - Participant Application**

Please Print

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 55 years of age or older? Y N (REQUIRED) Date of Birth \_\_\_\_\_

Will you need a wheelchair accessible vehicle?  Yes  No

How did you hear about the program?  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF INDEMNITY & ASSUMPTION OF RISK— MANDATORY FOR PARTICIPATION**

I understand that the Colma Cab Connect program for which I am registering is insured by Serra Yellow Cab and in consideration of the right to participate, I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, indemnify and defend the Town of Colma, its officers, employees, affiliates and agents ("Town"), against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys' fees, arising in connection with my participation in Colma Cab Connect program offered by the Town. I agree the Town is not responsible for lost or stolen items. I agree the Town may deny me permission to participate in Colma Cab Connect program. Photos/Videos: The Town of Colma may use for publicity or marketing purposes, work samples, photographs, slides, videos, DVDs and/or other images taken of myself while in the program.

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

Please return completed form with proof of residency and age to:  
Colma Community Center  
Att: Colma Cab Connect Coordinator  
1520 Hillside Blvd  
Colma, CA 94014

Staff use only: Participant registered in Colma Cab Connect _____ Participant registered on Colma Cab Connect Log: _____
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