



AGE FRIENDLY SACO SACO MOBILITY SHUTTLE – RIDERS AGREEMENT

I have received, read, and clearly understand the following Age Friendly Saco (“AFS”) Saco Mobility Shuttle services and agree to follow the following guidelines and terms: (Please initial each item)

____ 1. I understand that the Saco Mobility Shuttle (“SMS”) is a door-to-door service through Age Friendly Saco to various locations in the Saco/Biddeford area. I understand that, while all reasonable efforts will be made by AFS to meet my request, services are not guaranteed. I understand that this is not a dedicated taxi service and that pick up and drop off times will vary.

____ 2. I agree to communicate all requests for transport on the SMS through the Scheduling Coordinator a minimum of two (2) business days prior to the requested time.

____ 3. I agree to provide the Scheduling Coordinator detailed directions to my house and any destination to which I request to be taken. I agree to inform the Scheduling Coordinator at the time of my request if I will be using any assistive devices such as cane or walker.

____ 4. I understand that the AFS Saco Mobility Shuttle service contractors are not employed by me or hired in any other capacity. I understand and agree that the Saco Mobility Shuttle and its contractors cannot sign any official or legal documents or take medication or care orders from my physician or other medical personnel.

____ 5. I agree to provide my emergency contact information and any other applicable information as requested by the SMS Scheduling Coordinator. I understand that all information will be kept confidential and be used solely for the purposes of the service provided.

____ 6. I agree to keep to the times and services requested, I will not request additional services from the Shuttle Driver or request the Shuttle Driver’s home phone number.

____ 7. I agree that AFS Saco Mobility Shuttle and its contractors are not responsible for any losses or damages incurred by me unless such losses or damages were the result of intentional or willful misconduct.

____ 8. I understand I must wear a seatbelt at all times. Smoking, alcohol consumption or intoxication and weapons of any kind are prohibited on the shuttle. Animals are also prohibited (except for service animals that have been specially trained.)

Rider Signature
Print name _____

Date _____

Age Friendly Saco Representative/Witness

If applicable, please sign below:

Rider Representative

Date _____