

Rideshare Participant Liability Form

Participant Information

Full Name

Phone Number

Email Address

Emergency Contact Name & Phone

Rideshare Details

Date of Rideshare

Starting Location

Destination

Driver's Name

Vehicle Make/Model

Agreement & Release of Liability

Please read the statement below:

I acknowledge that participation in carpooling or rideshare is voluntary and that I accept full responsibility for the risks associated with travel. I agree to hold harmless the organizer, drivers, and other participants from any claims or liabilities related to this rideshare arrangement.

Additional Comments or Medical Information (optional)

Participant Signature

Date