

City of Los Angeles Commute Options & Parking Section Vanpool Program

WAIVER, RELEASE, INDEMNITY AGREEMENT CONTRACT and NON-CITY EMPLOYEES



INSTRUCTIONS:

1. Please read entire Agreement.
2. Print your name, work phone and van number on the top of Page 1.
3. Sign and date on “Signature” line on last page.
4. Return to Commute Options & Parking, City Hall, Room 867, Mail Stop #621

VANPOOL INTEREST/APPLICATION



Employee Benefits Division
Commuter Options & Parking Section
200 N. Spring Street, Room 867
Los Angeles, CA 90012
Mail Stop #621

FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN DELAYS

Check One Box

Interest Only

Complete Section A & B

Passenger

X

Complete Sections A & B

Driver

Complete Sections A, B, C

Non-City Employee Van Passenger

If not employed by the City of Los Angeles, list employer here and then provide all applicable information below:

Contract or Contractor's Employee? Yes No

SECTION A: Personal Information

Application Date	Last Name	First Name	Middle Initial
------------------	-----------	------------	----------------

Employee ID Number	Department Name/Division	Payroll Fund Number
--------------------	--------------------------	---------------------

Work Shift (4/10, 5/40, 9/80, etc.)	Start Time	End Time	Work Address: Bldg. Name & Street Address
-------------------------------------	------------	----------	---

Work Address: City	Work Address: Zip Code	Room Number	Mail Stop	Work Phone Number
--------------------	------------------------	-------------	-----------	-------------------

Home Address: Street Address	City	Zip Code	Home Phone Number
------------------------------	------	----------	-------------------

I am interested in being a/an: Driver Alternate Driver Passenger

Comments:

Pursuant to Federal Law PF 93-579, I understand that my Social Security Number is required based upon provisions of the City's payroll system operational prior to January 1, 1975, and applicable Federal law.

Van No.

SECTION B: Passenger Information

I am interested in being a/an: Permanent Passenger Occasional Passenger

Supervisor's Name	Supervisor's Title	Supervisor's Phone No.
-------------------	--------------------	------------------------

Note: You may only receive one transportation benefit. Failure to disclose any of the information below may result in disciplinary action.	Yes	No
---	------------	-----------

1. Do you currently receive the Transit Subsidy?

2. Are you currently a member of a carpool? If yes, please list Primary Permit Holder name and permit #.

3. Do you currently possess any other type of parking permit? If yes, please list permit type and #.

I understand that the Commuter Options & Parking Section must be notified of any changes in the information listed on this application.	Passenger Applicant Signature	Date
---	--------------------------------------	------

X

SECTION C: Driver Information (For Vanpool Drivers Only)

Drivers License Number	State	Expiration Date	Birthday
------------------------	-------	-----------------	----------

Civil Service Class Title	License Restrictions (e.g. corrective lens, etc.)
---------------------------	---

Total Yrs. Driving Experience	Total Years Licensed in California	If less than 3 full yrs. In CA., list previous State:	Do you have current insurance on your personal vehicle(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------	------------------------------------	---	--

Name of your automobile insurance co.	Automobile Policy #	One-way driving distance to work in miles:
---------------------------------------	---------------------	--

Complete Section C, Drivers Information, on Reverse Side

**CITY OF LOS ANGELES
WAIVER, RELEASE AND INDEMNITY AGREEMENT FOR
NON-CITY EMPLOYEES**

NON-CITY EMP. NAME: _____ VAN NUMBER: CS _____
(Please Print)

EMPLOYER NAME: _____ WORK PHONE: _____

(NOTE: BE SURE TO SIGN ON THE LAST PAGE)

Mail to:
Commuter Options & Parking Section
200 N. Spring St., City Hall Rm. 867
Los Angeles, CA 90012
Mail Stop 621
(213) 978-1651

For and in consideration of permitting _____ to be a Passenger on a City of Los Angeles vanpool, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to said non-City employee arising as a result of riding in a City vanpool. The Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present and claim for personal injury, property damage or wrongful death against the City of Los Angeles or any of its officers, agents, servants or employees (hereinafter "Indemnified Parties") for any of said cause of action whether the same shall arise be the negligence of any of said persons, or otherwise. It is the intention of the Undersigned by this instrument, property damage or wrongful death cause by negligence.

The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Indemnified Parties, he/she shall indemnify and save harmless the same Indemnified Parties from any and all claims or causes of action by whomever made or presented for personal injuries, property damage or wrongful death.

The Undersigned has read and understands that following statutory language of Section 1542 of the California Civil Code: "A general release does not extend to claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which

if known by him/her must have materially affected his settlement with the debtor.” Having been so apprised, the Undersigned elects to and does assume all risk for claims heretofore or hereafter arising, known or unknown, arising from the subject of this release, and the Undersigned knowingly and voluntarily expressly release the Indemnified Parties from all liability on claims arising out of such matters.

The undersigned acknowledges that he/she has read the foregoing three paragraphs and is fully aware of the legal consequence of signing the within instrument.

X

Non-City Employee Signature

Date

Non-City Employee’s Information:

Home Address, City, State, Zip Code

Home Phone

Employer Name, Address, City, State, Zip Code

Work Phone

Email Address

Received by the City of Los Angeles Commute Options & Parking Section:

COPS Representative Signature

Date