

San Mateo County
TRANSIT DISTRICT



**Travel Training
Consent & Authorization Form**
(Complete and Sign both sides)

I, _____, hereby agree to participate in the San Mateo County
(Please Print) First Name - Last Name

Transit District ("SamTrans")'s Travel Training Program and . . .

- I hereby give permission for SamTrans volunteer Mobility Ambassadors to provide travel training based on the individualized goal and plan established by the Trainee and SamTrans.
- I understand that travel training involves walking within the community, crossing intersections, and riding buses, Caltrain, and/or BART under different weather conditions.
- I also understand that SamTrans, and its employees, agents, contractors and/or volunteers, and the Trainer, make no promise that I will be able to use public transportation independently upon completion of the SamTrans Travel Training Program.
- I have had the opportunity to discuss the SamTrans Travel Training Program with the Accessible Services Program Coordinator as part of the pre-travel interview and to ask questions.
- I understand and agree that the decision to use public transportation alone or without assistance after completion of the SamTrans Travel Training Program rests with me as the Trainee.
- I understand and agree that SAMTRANS will not be financially responsible for my participation in the Travel Training Program.

I hereby waive and release SamTrans, its employees, board members, contractors, agents, volunteer Mobility Ambassadors and the Trainer for any damages or injuries I sustain while participating in the SamTrans Travel Training Program, **except with respect** to damages, injuries or other liabilities caused by the gross negligence or intentional misconduct of the Trainer and/or SamTrans, its employees and/or its agents. If any provision of this agreement is held to be unlawful, void or for any other reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

TRAVEL TRAINEE SIGNATURE

DATE

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Authorization to Release Information for Specialized Training

Travel Trainee _____
First Name Middle Last Name

During the course of the pre-travel interview and/or during travel training with a volunteer Mobility Ambassador, SamTrans or the Trainer may determine specialized travel training with one of the following travel training centers would be more appropriate for the trainee. We will refer the trainee to one of the following centers and share information we have collected for the center to coordinate specialized travel training with the trainee.

I, _____, hereby give my permission for SamTrans to release
(Please Print) First Name - Last Name

Information collected from the sign-up sheet and/or pre-travel interview process to one of the following specialized travel training centers:

- The Vista Center for the Blind and Visually Impaired
 - 2470 El Camino Real, Ste. 107, Palo Alto, CA 94306
- Pomeroy Recreation & Rehabilitation Center
 - 207 Skyline Blvd., San Francisco, CA 94132

Signature of Travel Trainee, parent, or guardian (circle one) Date

Note: A copy of this release is available to the Travel Trainee or parent/guardian upon request.

Internal Use Only

Trainee is being referred to the following Specialized Travel Training Center:

___ Vista Center for the Blind and Visually Impaired

___ Pomeroy Recreation & Rehabilitation Center

A copy of the following has been forwarded on _____ to the above center to proceed with coordinating specialized travel training with this trainee:

___ Public Transit Travel Training Sign Up Sheet

___ Travel Training Consent & Authorization Form &
Authorization to Release Information for Specialized Training