



## **VANPOOL RIDER AGREEMENT**

I will pay my monthly vanpool rider fee as established by Mason Transit Authority (MTA), promptly to the driver by the first of each month for which it is being paid.

I will Release and Hold Harmless MTA, it's authorized agents, and the Driver from liability claims and demands for personal injury (such as termination from employment), for loss, theft or damage to personal property; for claims, actions, costs, damages, or expenses of any nature whatsoever arising out of or resulting from any delays, tardiness, failure to make an appropriate or scheduled pick-up, absence of the van on particular days; and for termination of the program; (this is not meant to include claims for liability or personal injury resulting from accidents, which are covered under Mason Transit's Auto Liability and Accident Insurance).

I will abide by all rules which may, from time to time, be promulgated by MTA;

I will abide by all day-to-day operational rules (i.e., pick-up/drop-off times and places, length of waiting time, choice of radio stations/music, etc.) as established by the majority vote of the vanpool members or by MTA as a result of arbitration of disputes arising out of the day-to-day operational vanpool rules;

I will comply with reasonable requests from the Driver, speak and behave in a reasonable and courteous manner, cooperate with other riders, and demonstrate good personal hygiene as a courtesy to the entire vanpool (includes using colognes/perfumes in reasonable amounts, etc.);

I will give at least one day advance notice to the Driver of the days/times I know I will be absent from the vanpool. On these days of absence, I will find my own alternate transportation. I will also contact the driver when an unexpected illness or condition arises which will keep me from riding on a given day. I understand there will be no monthly fare deduction for occasional absence from the vanpool;

I will find alternate transportation on days when the van may not be available;

I will submit written notification to the primary driver fifteen (15) calendar days in advance of my planned termination from the vanpool and submit a vanpool participant withdrawal form 5 days prior to the first day of the month following my withdrawal;

I understand that use of any tobacco product which includes but is not limited to e-cigarettes or vapor cigarettes, illegal drug use or possession which includes but is not limited to marijuana and drinking or transporting alcohol in the van isn't allowed;

I will notify MTA immediately if a Driver is operating the van in a non-defensive or unsafe manner;

I will not drive the van without MTA's approval;

I will assist in maintaining and/or increasing the vanpool ridership to its maximum level;

The Rider will cooperate to ensure that no person shall be denied the opportunity to participate in, nor be subjected to discrimination in the conduct of the vanpool program because of race, creed, color, sex, age, national origin, nor the presence of any sensory, mental, or physical handicap, nor in any manner contrary to applicable local ordinance, state or federal laws and regulations, specifically including Title VI of the Civil Rights Act of 1964, Title 49, Code of Federal Regulations, Part 21, Non-Transportation, and Chapter 46.60, Revised Code of Washington Law Against Discrimination.

This Agreement shall be effective as of the date of its signing and shall continue until terminated (for any reason) by either MTA or the Rider. This Agreement may be modified only by subsequent written agreement signed by each of the parties.

\_\_\_\_\_  
Rider Name (Please Print)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Physical Address:

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address/Bldg #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Vanpool Group #

\_\_\_\_\_  
Start Date

**As a vanpool rider, I have read this Vanpool Rider Agreement and agree to abide by the conditions listed.**

Rider's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please sign completed agreement and return to  
Mason Transit Authority  
790 E John's Prairie Rd  
Shelton, WA 98584**

If you have a question, please call Kristi Evans  
360 432-5725  
1-800-374-3747 ext 125  
kevans@masontransit.org