



MONROVIA TRANSIT APPLICATION

Return Application To:
City of Monrovia
Community Center
119 W. Palm Avenue
Monrovia, CA 91016
Phone: (626) 256-8234

Monrovia Transit provides transportation for eligible people with disabilities, in accordance with the Americans with Disabilities Act (ADA).

Eligibility Requirements:

- Passenger must be 18 years or older, or accompanied by an adult.
- Passenger must have a disability that requires them to use an ADA accessible vehicle.
- Passenger must submit updated proof of disability eligibility upon expiration, if applicable.

Instructions: Complete and sign the application below, and return in person or by mail to the City of Monrovia. Please allow up to five (5) to seven (7) business days for review and processing.

1. General Applicant Information

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Are you 18 years or older? Yes No

2. Emergency Contact Information

Please list two contact people to be notified in case of an emergency.

Contact 1: _____ Contact 2: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

3. General Eligibility Information – Required

- Submit copy of Driver’s License or government issued identification card

4. Disability Eligibility Information – Provide a copy of one of the following:

- California Department of Motor Vehicles Disabled Person Identification Card
- Disabled Veterans Identification Card
- Proof of SSI/SSDI Benefits (Copy of award letter, benefit adjustment, or benefit check)
- Letter from Medical Professional recommending the use of an ADA accessible vehicle

5. Certification — I hereby certify the information I have given in this application is correct.

Signature: _____ Date: _____

STAFF USE ONLY: Reviewed By: _____

- Application Complete Signed Waiver & Liability Form Date Notified Resident: _____
- Approved Denied Revoked — If Revoked, explain: _____



WAIVER, RELEASE AND DISCHARGE OF LIABILITY

In consideration of my being permitted to enroll and participate in Monrovia Transit (“said activity” herein) sponsored by the City of Monrovia, I hereby voluntarily waive, release and discharge in advance any and all actions or causes of action and claims for personal injury, property damage, or wrongful death which I may have, or which may hereafter accrue to me, my heirs or any other successors in interest as a result of my participation in said activity including activities incidental thereto, and for whatever period said activity may continue. This release is intended to the fullest extent permitted by law, to waive, release and discharge in advance the City of Monrovia and their respective elected officials, officers, employees and agents (hereafter “Discharged Parties”) from any liability for personal injury, property damage or wrongful death caused by any act or omission by such Discharged Parties.

I understand that serious and minor accidents occasionally occur during said activity and that participants occasionally sustain fatal or serious personal injuries and as a consequence I assume those risks and agree that under no circumstances will I or any of my heirs, assign or any other successors in interest prosecute any civil action or present any claim for personal injury, property damage or wrongful death against the Discharged Parties who, through negligence or otherwise, might otherwise be liable to me, or my heirs, or other successors in interest for damages.

I further agree, for myself and on behalf of my heirs and any other successors in interest, that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Discharged Parties or any of them, as a result of my participation in said activity, I shall indemnify and hold harmless the Discharged Parties from any and all liability, claims and/or wrongful death.

Please describe any special accommodations or special needs:

PRINT PARTICIPANT’S NAME:

SIGNATURE OF PARTICIPANT:

DATE:
