

Wheels to Worship/St. James Passenger Application

Name: _____ Email address: _____

Home phone number: _____ Cell phone number _____

Street Address: _____ City/Zip code _____

Date of birth: _____ Do you live with someone? Yes _____ No _____

Will someone accompany you to Mass (i.e spouse, caregiver, other): Yes _____ No _____

Name/relationship: _____

Do you have any limitations? Please circle any that apply:

Cane Walker Wheelchair Oxygen Vision

Other: _____

Explanation or other instructions: _____

Emergency contact information

Name: _____ Relationship to you: _____

Street Address: _____ City, State, Zip code: _____

Home phone #: _____ Cell phone #: _____

Email address: _____ Comments: _____

PASSENGER RELEASE FOR ST. JAMES PARISH

In consideration for assisting me in obtaining transportation to and from St. James Church for mass or Prayer Service, I hereby waive and release St. James Parish staff and volunteers from any and all liability with respect to said transportation and the arrangements for said transportation and agree to hold harmless each of the parties for claims arising from this service.

Passenger Printed Name: _____

Passenger signature: _____

Witness Printed Name: _____

Witness Signature: _____

Date: _____