

# COVID-19 SHORT TERM CLIENT APPLICATION



Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Subdivision Neighborhood: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Landline #: \_\_\_\_\_

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

Gender:  Female  Male  Prefer Not to Answer

Are you low-income?  Yes  No

How did you become interested in/find out about Neighbor to Neighbor?

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I desire to utilize Neighbor to Neighbor services during the COVID-19 epidemic for:

Check-in Calls  Pick up/Delivery Food and/or Rx  Essential Rides

I understand that by signing this application, I certify that: (i) the above information is correct to the best of your knowledge; (ii) I am at least 60 years of age, or at least 21 years of age with a permanent/temporary disability or inability to procure essential supplies during COVID-19 epidemic; (iii) you will inform N2N of any and all changes to the information provided on this form within five (5) calendar days of its occurrence?

I understand that by signing this application, I give N2N permission to use my contact information as provided herein so that I can obtain volunteer transportation services and other identified needs.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff Only) Member Since: \_\_\_/\_\_\_/\_\_\_\_\_



The Privacy Act of 1974 (5 U.S.C. § 552a) governs the collection, maintenance, use, and dissemination of personally identifiable information about individuals in systems of records (SORNs) maintained by Federal agencies. A system of records is an agency record-keeping system which contains information that can be retrieved by the name of the individual or by some other personal identifier. The Privacy Act requires that agencies give the public notice of their systems of records by publication in the Federal Register. The Privacy Act prohibits the disclosure of personal information about an individual without the written consent of the individual, unless the disclosure is permitted under one of twelve statutory exceptions. The Act also gives individuals the right to gain access to their records and ask that they be amended.

# Passenger Acknowledgment, Assumption of Risk, Release and Indemnity Agreement

**YOU MUST INITIAL EACH BLOCK**

**INITIAL EACH  
BELOW**

<p><b>Assumption of Risk:</b> I understand that: (i) my participation in the <i>Neighbor to Neighbor</i> transportation and COVID-19 Intervention (“N2N”) program is voluntary; (ii) N2N, may restrict or limit destinations, services, items; and (iii) N2N, and any and all participating organizations and its employees are not legally required to offer or perform the transport service, delivery, phone check-in for me. I understand that these transportation services and COVID-19 Interventions involve inherent and other risks. I expressly assume all such inherent and other risks and accept responsibility for any property damage and loss, and for any personal injury, illness, disability, emotional distress, and death that I may suffer as a result of my use of the N2N program.</p>	
<p><b>Waiver and Release:</b> I agree to forever release and discharge (meaning I agree not to sue) N2N, its sponsoring and all participating organizations and/or agencies, individuals who provide funding to or other assistance or otherwise support the N2N program, their successors and assigns as their interests may appear, their officers, directors, agents, volunteers, employees, and their executors, administrators, personal representatives, heirs, beneficiaries, from any and all liability or claims I may have for any property damage and loss, personal injury, emotional injury, illness, disability, and death, related to my participation in the N2N transport program. This release is for any type of claim, including breach of contract, fraud, or any other type of suit that includes losses alleged to be caused by the negligence of N2N to the fullest extent permitted by law.</p>	
<p><b>Indemnity and Hold Harmless:</b> I agree to defend, indemnify (meaning to pay or reimburse any amount required to be paid, including attorneys’ fees) and hold N2N (and all others specifically referenced in the Waiver and Release portion of this Agreement) harmless from all claims, causes of action, liability, losses, or damages for any property damage, property loss or theft, personal injury, disability, death or other loss brought by or on behalf of me, my successors and/or representatives, my estate, or any other person arising from or relating to my use of the N2N transport program and/or participation in these activities, including any claims that N2N was negligent.</p>	
<p><b>Acknowledgment of Policies:</b> I acknowledge reading and understanding the N2N rules and regulations relating to my participation in the transportation program, and agree to comply with and abide by those rules and regulations. My failure to follow all such rules and regulations may lead to my termination from participation in the N2N program.</p>	
<p><b>Additional Provisions:</b> I agree that the substantive laws of South Carolina (but not any law that would apply to the laws of another state) govern this Agreement, and any dispute I have with N2N, and consent to jurisdiction in South Carolina. Any mediation, suit, or proceeding will be entered into only in South Carolina. Any portion of this Agreement deemed unlawful or unenforceable is severable and shall be stricken without effect on the enforceability of the remaining provisions.</p>	

I, \_\_\_\_\_, the undersigned, have read this Agreement. I understand its contents and I sign it voluntarily. **I intend by this Agreement to assume all hazards and risks, waive all rights to sue and release all liabilities and claims, and indemnify N2N (and all those specifically referenced in the Waiver and Release portion of this Agreement) for any claims arising from** my participation in the transportation and COVID-19 related activities. I understand that this Agreement has **no expiration date** and remains in effect at all times that I am observing or participating in the transportation activities, and will be binding upon my, my family members, my representatives, my heirs, beneficiaries, assigns, executors, administrators, personal representatives, and estate.

\_\_\_\_\_  
(Participant's Signature)

Date: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_