

**EMERGENCY RIDE HOME REGISTRATION**

Thank you for your interest in ridesharing. Employees who carpool or vanpool five days per week are eligible for Harvard's free Emergency Ride Home Program for emergency transportation. This Program ensures that people participating in a ridesharing arrangement will be provided with back-up transportation. Please complete this form and have your rideshare partner(s) fill it out as well. Bring or mail the completed forms to the *CommuterChoice*, 46 Blackstone Street, 1<sup>st</sup> floor, Cambridge, MA 02139, or fax to 617-495-9119. You must register for this program prior to using it. Some restrictions apply.

**Name:** \_\_\_\_\_

**HU ID:** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_

**Home City, State, Zip:** \_\_\_\_\_

**Round Trip Mileage (to and from work):** \_\_\_\_\_

**University Department/School:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Phone Number:** \_\_\_\_\_

**Supervisor's E-mail address:** \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that this program is totally voluntary. The University assumes no responsibility for damages to any vehicle or contents by reason of fire, theft, vandalism, or any other cause. I covenant not to sue for any such damages if this application is granted. I agree to observe all published rules and regulations for University parking as from time to time are in force and understand that this agreement incorporates by reference all such related rules, regulations and policies and procedures. I further agree to follow the University Parking Office procedures for appeal, and to pay promptly any amounts due to the University as fines, fees or expenses for violation of such rules or regulations by vehicles owned or operated by me. I understand that I will be billed directly for all such charges not successfully appealed and that any permit finally determined to be granted may be revoked if I fail to pay any such fines or fees. I understand that the University reserves the right to relocate or cancel my parking privileges without cause at any time and to issue refunds in accordance with fee proration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_