FLEET OR STAFF VEHICLE – PASSENGER USE AGREEMENT FORM

This Agreement sets forth the terms under which the Passenger may ride in a vehicle owned or operated by the Company as part of its fleet transportation program or a vehicle owned by an employee.

The vehicle will be used to transport the Passenger for the purpose of commute to work/education; community participation; medical appointments; daily life tasks; group activities.

The Passenger acknowledges that transportation is offered as a convenience and is not a contractual obligation.

Family members or friends must obtain approval from Access4u management prior to accompanying customers in fleet or staff vehicles. Requests for approval will be considered on a case-by-case basis.

I, _____ request permission to be driven by Access4u employee/s and or volunteers for the purpose of day-to-day support; access to the community or continuing education and training in a variety of life areas (ADLs) enjoyment, leisure and social interaction.

I agree to:

- Wear a seatbelt at all times.
- Follow all instructions from the driver or Company representative.
- Refrain from any behaviour that may distract the driver or endanger others.
- Respect vehicle cleanliness and Company property.
- Be financially responsible for any damage to the employee vehicle or Fleet Vehicle or its contents that results from:
  - Negligent, reckless or destructive behaviour while inside the vehicle,
  - Unauthorised use or interference with the vehicle's controls or equipment.

I acknowledge that:

- I assume all risks related to transportation in the vehicle.
- I release and holds harmless the Company, its employees, agents, and drivers from any and all liability, claims, or demands for personal injury, property damage, or loss arising out of or related to the transportation provided.
- Access4u does not guarantee uninterrupted service or vehicle availability.
- I have disclosed any relevant medical conditions that may affect my safety during transport and understand that Access4u may not be equipped to provide medical assistance in emergencies.
- Access4u may suspend or terminate transportation privileges for any reason, including violation of this agreement or misconduct.

Signature of Applicant/Nominee	
Name of Applicant	
Date	

Approvement by Access4u Management

Approved	☐ Yes / ☐ No	Date	
Name of Applicant			
Manager's comments on approval and reason for fleet or customer vehicle use			
Manager's name			
Manager's signature			