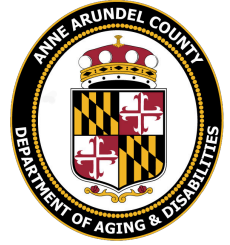


**Easy Travel Access (ETA) Program  
Taxi Voucher & Rides-On-Demand  
LIABILITY FORM**



**Please mail completed order form and payment to:**

Easy Travel Access (ETA) Program  
Department of Aging and Disabilities  
2666 Riva Road, Ste. 400  
Annapolis, MD 21401

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

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Participant Responsibility and Liability:**

- ☐ *understand and agree that I am voluntarily participating in the Easy Travel Access (ETA) Program through purchasing vouchers to use for the Taxi Voucher or Rides-On-Demand option.*
- ☐ *understand that I am personally responsible for scheduling my own trips and paying for all trips scheduled.*
- ☐ *agree that I will adhere to all of the requirements set forth by the Rides-On-Demand service providers and the Anne Arundel County Department of Aging and Disabilities.*

I agree to indemnify and hold harmless the Anne Arundel County Department of Aging and Disabilities ETA Program, Anne Arundel County, MD and any and all employees, agents or representatives of the same, from damages to property, injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Anne Arundel County Department of Aging and Disabilities ETA Programs, Anne Arundel County, MD and any and all employees, agents or representatives of the same, in connection with the ETA Program.

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

*Signature Required*