

Motorized Aid Wavier Form

I, _____, elect not to transfer from my Motorized Aide in order to occupy a regular bus seat throughout the course of transportation. I have been instructed of the possible dangers associated by remaining on my motorized aide. I fully realize that by Avoyelles Public Transit, Inc. Public Transit not being able to secure my device to the floor of the bus to prevent movement or upset, I am solely responsible for my actions to refuse to cooperate for Safety reasons.

I acknowledge that my "Power Supply Switch" must be in the "OFF" position during transportation. I realize that APT is making every effort possible to ensure my safety.

In loading and unloading I full understand the importance of having the "Power Supply Switch" in the "OFF" position during the lift operation.

I understand the Waiver form has been approved by APT's Board of Directors, and is located in the ADA policy.

I acknowledge that a proper assessment will require the release of personal information such as individual weight in conjunction with the weight of my mobility aide. It has been established that APT will only use such information in coordination of a proper motorized aide assessment. I have been informed that nay combined weight of 600 pounds or more is not acceptable as set forth by the ASA for safe limits of lift operations. I understand that safe weight factors of lift operation, as set forth by the ADA is a guideline that APT utilizes. APT reserves the right to refuse services to any individual who exceeds the weight limit of 600 pounds or more. I have read and fully agree to all contents of this Waiver form.

Passenger Name

Date

Assessment Officer

Date