



Guaranteed Ride Home Program Service Agreement

Business Name: _____

Worksite Name: _____

Total Number of Employees _____ Number of Ridesharing Employees _____

Worksite Address: _____ City: _____ Zip: _____

Employer Representative: _____ Tel. # (____) _____ Ext: _____

Fax#: (____) _____ E-mail: _____

Alternate Representative at this Worksite: _____

Tel. # (____) _____ Ext. _____ E-mail: _____

Your signature indicates that you received and read the Guaranteed Ride Home (GRH) Program Guidelines, which clearly defines eligibility requirements, certify that you are eligible, and agree to the terms stated.

The GRH program is jointly sponsored by OCTA and neighboring county transportation agencies.

Employer and employee participation in OCTA programs is voluntary. OCTA assumes no responsibility or liability for claims arising from participation in these programs. By participating in these programs, the employer agrees to defend, indemnify and hold OCTA, its officials, employees, agents and contractors free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, arising out of or incident to employer's or employee's participation in these rideshare services.

OCTA Share the Ride Programs in place at this worksite (please check all that apply):

- OCTA Vanpool Program
- Metrolink Corporate Pass Program
- Employer Bus Pass Program
- AVR Survey Processing Services

Employer Representative Signature: _____ Date: ____/____/____

To enroll in the new regional Guaranteed Ride Home program, complete this form and fax it back to 714.560.5795 or email it to sharetheride@octa.net.

