

# Guaranteed Ride Home (GRH) Program Rules

Eligibility: To be eligible for the Program, individuals must be registered with Rideshare, enrolled in the GRH Program, and participate in a carpool or vanpool.

## Valid Reasons for Using the Program:

- 1) Illness of the participant or a family member.
- 2) Unexpected request of supervisor to work past the usual quitting time. The definition of "unexpected" is not knowing about the request before the morning.
- 3) Stranded at work because the pool driver had to leave. If the driver has an emergency during the day or has to work late, all stranded riders will be able to take advantage of the taxi fare reimbursement together.
- 4) Pool driver may also use this program if he/she is incapable of driving themselves home.

## Inappropriate Reasons for Using The Program:

- 1) Personal errands.
- 2) Pre-planned medical appointments.
- 3) Business-related travel.
- 4) Working late without supervisor's request.
- 5) On -the-job injury.

Inappropriate use of the program will require the participant to forgo reimbursement and may result in the termination of privileges.

**Voucher Report:** Within 14 days after the participant uses the program, he/she is required to complete the GRH Voucher and give a brief report about the emergency commute. Failure to submit the voucher within 14 days may result in the participant not being reimbursed for taxi fare. **The voucher can be accessed here: [GRH Voucher](#)**

The information given is true to the best of my knowledge. I have read the foregoing paragraphs captioned "Limitation of Liability" and "Assumption of Risk". I am in agreement with both paragraphs, and I am fully aware of the legal consequences of my agreement. I have also reviewed the rules set forth above and I agree to abide by them.

Limitations of Liability: I, the undersigned, understand and agree that in the Guaranteed Ride Home Program (The "GRH Program") neither the Rideshare Program nor the Genesee County Metropolitan Planning Commission (GCMPC) undertakes to provide transportation service to me as a participant, but only to pay for transportation service which I may hire from a licensed taxicab operator consistent with GRH Program Rules. I further understand and agree that the delivery to destination, timelines, safety of the transportation service which the GRH Program undertakes to pay for are the sole responsibility of the taxicab operator, and not the Rideshare Program or GCMPC; and neither the Rideshare program nor GCMPC assumes any liability with respect to such transportation service in these or any other particulars.

Assumption of Risk: I, the undersigned, for and in consideration of processing of my application to participate in the GRH Program, hereby assume full responsibility for all risk of injury or loss, including death, which may result from my participation in the GRH Program and agree to hold harmless, release and forever discharge GCMPC, its officers, agents and/or employees from and against any and all claims and demands whatsoever which the undersigned or any third person, and the representatives thereof, have or may have against GCMPC, and its officers, agents and/or employees, by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the GRH Program.

RIDESHARE is a service of the  
**GENESEE COUNTY METROPOLITAN PLANNING COMMISSION**  
An Equal Opportunity Organization



# Guaranteed Ride Home Program Voucher

Please complete this form and return it with your receipt so the Guaranteed Ride Home Program may reimburse the fare for your unexpected taxi ride home.

(This form must be signed in order to be processed.)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

I regularly (Check One)

( ) Carpool with Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

( ) Vanpool. My driver name is: \_\_\_\_\_

Date Guaranteed Ride Home Program was used: \_\_\_\_\_

Taxi company used: \_\_\_\_\_

Approximate one-way mileage: \_\_\_\_\_

Reason for the ride:

( ) my illness ( ) child's illness ( ) family illness ( ) overtime

Other: (Please explain) \_\_\_\_\_

How important is the GRH Program in your decision to carpool or vanpool?

( ) very important ( ) somewhat important ( ) not important

Please sign this report and mail it within two weeks to;

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_