



City of Tamarac

Transportation Services

Tamarac Para-transit maximizes independence and provides access to a full range of activities: medical appointments, grocery shopping, social services, meal programs, City of Tamarac Community Center, pharmacies, banks and beauty salons and much more.

The Program is available to seniors 55 years and older with no other means of transportation or to people with disabilities who cannot use the existing City of Tamarac Transit system. The program provides special curb-to-curb service for qualified passengers living in the City of Tamarac.

Our goal is to provide a special system of transportation to enhance quality of life and promote independence for those that are disabled or 55 years of age or older.

Aides

If you have indicated on your application that you must have an aide or personal care attendant travel with you, then that person may ride free of charge if they board and exit the van with you. DRIVERS ARE NOT ALLOWED TO PUSH OR PULL WHEELCHAIRS FROM AND TO THEIR HOMES. AN AIDE IS RECOMMENDED IN THE EVENT THAT ASSISTANCE IS NEEDED TO BE ABLE TO GET TO THE WHEELCHAIR ACCESSIBLE VAN.

Social Services

Application may be subject to review and further assessment by the Social Services office, and a medical note may be requested.

Please take a moment to read the following information regarding Medical and Marketing transportation. The following are some important policies about the service. Applications can be completed online by visiting: Tamarac.gov/transportation

- 1) Tamarac Para-transit provides transportation to doctor's offices and supermarkets **WITHIN THE CITY LIMITS OF TAMARAC ONLY.** Unfortunately, we cannot accommodate requests beyond city limits.
- 2) Tamarac Para-transit fee is **\$30.00 for 3 months or 40.00 for 6 months** per person for unlimited marketing and medical transportation.
- 3) We recommend you mail us a check along with your completed application to: **City of Tamarac Transportation
6001 Nob Hill Rd.
Tamarac, FL 33321**

- 4) **No tipping is allowed!** Please observe this policy to ensure your privilege to use Tamarac Para-transit.

MEDICAL TRANSPORTATION: RESERVATION NUMBER 954-597-3649

You will need the following information **EACH TIME** you call to make a Medical Transportation appointment:

- 1) Date/time of appointment
 - 2) Your phone number
 - 3) Doctor's phone number
 - 4) If you need a vehicle that accommodates wheelchairs
- Appointment times are from 8:00 a.m. to 3:00 p.m., Monday through Friday.
 - Please note that if your appointment is at or after 3:00 p.m., we may only be able to accommodate you **ONE WAY**.
 - If you have any questions on this matter, please feel free to call the transportation Office at **954-597-3649 between 8:00 a.m. and 4:00 p.m.**

NOTE: WE ARE NOT AN EMERGENCY SERVICE. If you have a real emergency, please call 911.

On-Demand Rules: We will accommodate on-demand ride requests whenever possible. Examples include restaurants, churches, banks, and pharmacies.

- Grocery stores are not included; specific days are designated for these trips.
- Any doctors and destinations requiring appointments need to be called in ahead of time. On-demand is not available for these requests.
- All Community Center destinations should be prescheduled.
- On-demand Marketing is not allowed.
- The dispatcher has the right to deny rides if operations do not allow.

MARKETING TRANSPORTATION:

- You will be assigned a day/time according to where you live.
- Please do not ask to be changed to different locations, as the schedule is done by the physical address of each individual person.
- There may be instances where you will be placed on a wait list if your location is full. Please be PATIENT.
- If you are not happy with the time that is offered to you and you choose to reject that time, you will be placed on the Marketing Waiting List until another time becomes available.
- Once you are assigned a time/route for Marketing, the Transportation Dispatcher will call you the day before your appointment date to confirm your availability. This will eliminate the need for the Driver to stop at your address if you are ill, have another appointment, or are away.
- Unfortunately, we are unable to accommodate day or time changes within the week due to vacation, illness or conflicting plans. We apologize in advance for any inconvenience this may cause.

- YOU WILL **NOT** BE DROPPED FROM THE LIST JUST BECAUSE YOU ARE AWAY OR UNABLE TO GO MARKETING FOR A PERIOD OF TIME.
- If your Marketing day falls on a holiday, we will **NOT** be able to reschedule you for grocery shopping during that week. Please plan accordingly.

Please understand that the following **rules** need to be followed when using the **Marketing** service:

- 1) You must be able to shop on your own. If this is not possible, you may bring an aide. Please let us know if this will be the case.
- 2) You will have one and one-half (1-½) hours to shop while at Publix. This means you need to do your shopping within that time, wait for us in front of the store at the location specified by the Driver.
- 3) If you plan to be out of town, please notify the Transportation Dispatcher of your return date. Once you return, you may resume marketing.
- 4) The Driver will help carry your packages, if needed. This is a courtesy provided by the City, and no tipping is allowed under any circumstances.

We hope you enjoy traveling with Tamarac Transportation. Please let us know how we can best serve you in the future!

TAMARAC PARKS & RECREATION
Experience it!!

NEW PASSENGER APPLICATION

PASSENGER'S NAME _____ PHONE# _____

ADDRESS: _____ ZIP CODE: _____

BLDG: _____ APT #: _____ SECTION: _____ DATE OF BIRTH: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP (circle one): CHILD SPOUSE NEIGHBOR OTHER _____

MEMBERS OF HOUSEHOLD	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT TYPE(S) OF DISABILITIES PREVENTS YOU FROM USING THE TAMARAC TRANSIT OR YOUR OWN VEHICLE:

- PHYSICAL CARDIO-PULMONARY VISUAL
 DEVELOPMENTAL OTHER _____ NONE

IS THE DISABILITY DESCRIBED ABOVE: TEMPORARY PERMANENT
DO YOU CURRENTLY HAVE A CAR: ___YES ___NO

SERVICE REQUESTED:

- MEDICAL TRANSPORTATION ONLY MEDICAL & MARKETING TRANSP.
 MARKETING TRANSPORTATION ONLY

OTHER PROBLEMS _____

DO YOU USE: WHEELCHAIR WALKER CANE _____
CRUTCHES MOTORWHEELCHAIR SCOOTER _____

ARE YOU: HOMEBOUND BLIND OTHER _____

YOU ACKNOWLEDGE THAT YOU HAVE THOROUGHLY READ THE ATTACHED INFORMATION REGARDING TAMARAC TRANSPORTATION POLICIES:

SIGNATURE

DATE



PARKS AND RECREATION DEPARTMENT

WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISKS

Participant/Vendor's Name: _____ Activity: _____

ASSUMPTION OF RISKS: I acknowledge that I have voluntarily applied to participate in the Activity indicated above organized by The City of Tamarac I am aware that this Activity may cause injury, including but not limited to 1) minor injuries such as bruises and sprains, 2) serious health problems such as abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, 3) major injuries such as loss of sight, heart attack, stroke and concussions, and/or 4) catastrophic injuries including paralysis and death. I hereby accept any and all such risks of injury, health problems or death and consent to participate in the Activity indicated above.

WAIVER AND RELEASE: In consideration for being permitted by the City of Tamarac to participate in the Activity and/or use of facilities rented out by The City of Tamarac (the "Facilities"), I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against, sue, or attach the property of the City of Tamarac any of its affiliated organizations, owners, directors, officers, employees, contractors, agents or representatives the City of Tamarac for any injury, damage or death resulting from my participation in the Activity or use of the Facilities or from the negligence or other acts or omissions, howsoever caused, of any of the City of Tamarac. I hereby release the City of Tamarac Parties from all actions, claims or demands that I, my assignees, heirs, distribute, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Activity or use of the Facilities.

INDEMNIFICATION: In addition, I will INDEMNIFY and HOLD HARMLESS the City of Tamarac from all liability for any loss, damage, or injury to persons or property arising from or relating to my use of the Facilities or participation in the Activity, including without limitation attorneys' fees, expenses and all consequential damages, whether or not resulting from the negligence of any of the City of Tamarac Parties.

OUTSIDE COURSE AND SCOPE OF EMPLOYMENT (if applicable): I am not a City of Tamarac employee, or if I am an employee, I acknowledge that participation in the Activity is not part of the course of my employment and/or that the nature of the Activity may exclude me from coverage for loss or injury under insurance policies obtained by me personally or (where available) by the City of Tamarac on my behalf as an employee. I assume all responsibility in the event of such non-coverage and agree to hold harmless the City of Tamarac Parties and their consultants and volunteers from any liability for the same.

SEVERABILITY; VENUE: If any term of this Waiver is held to be invalid or unenforceable, the remainder shall remain valid and enforceable to the fullest extent permitted by law. All disputes arising out of this Waiver shall be subject to the exclusive jurisdiction and venue of the courts of Broward County, Florida or the Southern District of Florida.

PHOTOGRAPH RELEASE FORM: I grant permission to use my and/or my child's photograph in any official City of Tamarac publicity pieces. Publicity includes, but is not limited to, news releases, publications, videos, social media, and web use.

ACKNOWLEDGEMENT AND UNDERSTANDING: I HAVE CAREFULLY READ THIS WAIVER, AND I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I AM SIGNING THIS WAIVER OF MY OWN FREE WILL AND INTEND FOR MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. IF SIGNING FOR A COMPANY OR ORGANIZATION, I ACKNOWLEDGE THAT I HAVE FULL AUTHORITY TO SIGN ON BEHALF OF THE COMPANY/ORGANIZATION.

Participant/Vendor's Signature _____ Date _____

Parent/Guardian Name (if Under 18) _____ Date _____

Parent/Guardian Signature _____

Organization/ Company Name (if applicable) _____