



# V-TRIP Passenger Waiver

FIRST NAME

LAST NAME

MIDDLE INITIAL

HOME ADDRESS\*

APARTMENT/SPACE

CITY

STATE

ZIP

PHONE

EMAIL

\* Address will be used to mail valid reimbursements. This form must be received before beginning the Volunteer Transportation Reimbursement Program (V-TRIP).

**MAIL TO:**

MM Program Processing, Able SC  
720 Gracern Road Suite 106  
Columbia, SC 29210

**PHONE:** 803.779.5121

**FAX:** 803.779.5114

**EMAIL:** [Mobility@TheCOMETSC.gov](mailto:Mobility@TheCOMETSC.gov)

1. Based on eligibility, I'd like to enroll in V-TRIP, the Volunteer Transportation Reimbursement Program. I understand that the information provided will be treated as confidential, which will only be used to determine continuing eligibility and driver's reimbursements for the program. The information will be retained as a permanent part of this service file.
2. All information provided will be true and accurate to the best of my knowledge. I authorize representatives of V-TRIP to contact persons whom I have named, or to make other inquiries as necessary, to verify the information provided.
3. I understand that it is the policy of The COMET to pursue any alleged or suspected instances of fraud and I agree to provide requested documentation for the auditing of any reimbursement claims. A "fraudulent claim" is committed when a false representation of a present or past fact is made by a V-TRIP passenger, members of their family, or unrelated person, such as their caregiver or volunteer driver, which results in the release of unauthorized funds. Able SC and The COMET reserve the right to take legal action if I do not pay my driver within 10 days of receiving the reimbursement.
4. I agree to abide by all V-TRIP Policies, as communicated in the accompanied documents and training received, or as otherwise communicated. I acknowledge that failure to abide by these policies may result in the termination of my V-TRIP services.

5. I acknowledge that V-TRIP is not an ADA service, being driven by others may be an inherently dangerous activity and participation in this program could involve some danger to my person, to my property, or the person or property of others. In consideration of my participation in V-TRIP however, I hereby forever release from liability and agree to indemnify and hold harmless V-TRIP, Able SC, The COMET and any and all organizations, agencies or individuals who provide funding to or otherwise support the program, from any and all claims, losses, and liabilities arising out of or in any way connected with my participation in the V-TRIP program.

**Summary of what I am agreeing to:**

1. My information will be kept private. It will be used make sure I can keep using V-TRIP.
2. I will tell the truth and let V-TRIP workers talk to people I know who can show them I am telling the truth if they need to.
3. I know that if V-TRIP workers thinks I am lying, they have the right to look at everything I have given them and ask for more information if they need it.
4. I agree to follow V-TRIP's rules. I know that if I do not, I will not be able to keep using v-trip.
5. It can be dangerous riding with someone else. The person with whom I am riding may not have space for my wheelchair or be able to help me in and out of the car. If something happens to me while using V-TRIP, it is not the fault of V-TRIP or its representatives.

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SIGNATURE

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DATE

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EMERGENCY CONTACT NAME

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EMERGENCY CONTACT PHONE

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PRINT NAME OF PREPARER AND RELATIONSHIP  
(If other than Applicant)

Are you a person with a disability?                      YES                      NO

Are you in the DART program or Half Fare Program?                      YES                      NO

**If you are not a person with a disability and**

- A DART rider
- A Half Fare user OR
- 65 years old or older

**You will not be able to use this program.**

**Please visit [www.TheCOMETsc.gov](http://www.TheCOMETsc.gov) for more information on DART or the Half Fare program.**

NAME	AGE	PROGRAM ID NUMBER
ADDRESS		APARTMENT/SPACE
CITY	STATE	ZIP

Date program training was completed: \_\_\_\_\_

How did you do the training?                      Online                      Phone                      In-Person

SIGNATURE	DATE
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By signing above you are showing that you have finished the required program training and know that if your trip does not begin or end in the Columbia Urbanized Area, shown in the program training, more than three times you will not be able to use the program for a month. You may call Able SC at (803) 779-5121 or email [Mobility@TheCOMETsc.gov](mailto:Mobility@TheCOMETsc.gov) if you need help deciding if your trip is in the Columbia Urbanized Area. It is suggested that you call or email us at least three days before to your trip if you need help.

## How to Complete the V-TRIP Log

Open the electronic copy of the spreadsheet in Excel. Information can be put in this form and a copy printed for your records.

**Enter:**

- Name (first name and last name)
- Address (City, State & Zip)
- Phone number
- Weekly or monthly dates of trips
- Date (the day of trip)
- Volunteer Driver's Name (first name and last name)
- From address (the place you are leaving)
- To address (the place where you are going)
- Miles (Write down how many miles you go from place to place.)
- Reason for the trip (why did you go)

If you complete this using Excel, the total will automatically add up for you before printing. If you do not use Excel, you will need to add the miles.

Read the statement and share it with the Volunteer Driver.  
Then, sign and date the V-TRIP Log.