



HARRIS COUNTY PRECINCT 4  
**COMMISSIONER**  
**LESLEY BRIONES**

## Passenger List and Statement of Release

### Transportation for Passengers 50 and Older

By participating in transportation services from Harris County Precinct 4, I agree to release, indemnify, and hold harmless Harris County, its officers, volunteers, agents, and employees from all claims of any kind, character, type, or description arising out of my participation in this service, including, but not limited to, claims attributable to the negligence of Harris County, its officers, volunteers, agents, or employees.

GROUP NAME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE: \_\_\_\_\_

DRIVER: \_\_\_\_\_

	INIL.	Zip Code	NAME (Please Print)	YOUR CELL PHONE NUMBER	EMERGENCY CONTACT OR NEXT OF KIN <b>NOT Someone On This Bus</b> (Please Print)	EMERGENCY CONTACT OR NEXT OF KIN KIN PHONE NUMBER
1						
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