



Passenger Signup Form

Trip #:

Bus #:

Name:			
Address:			
City:	State:	Zip:	Country:
Phones:	Home:	Cell:	Fax:
Email Address:			
Birth Date:		Age:	
Description of your general health condition:			
Extra Assistance: I will bring a wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No I will bring a walker <input type="checkbox"/> Yes <input type="checkbox"/> No I will bring an attendant (extra ticket required) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the attendant's name? _____			
How did you hear about Flu Shot Express? Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> From a Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> _____			
Referral Code:		Discount Code:	
WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK ACKNOWLEDGEMENT – Please Read and Sign			
The undersigned hereby agrees to indemnify and save and hold harmless The Washington Flu Shot Company, a Washington corporation doing business as Flu Shot Express and The Official Washington Flu Shot Agency ("Flu Shot Express") and its officers, directors, employees, and agents ("released parties") against all loss, liability, demands, claims, damages, and costs, that released parties may incur arising from or related to the undersigned's use of Flu Shot Express services whether caused by the conduct of released parties or otherwise. The undersigned hereby further assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence or other conduct of released parties while using the services of Flu Shot Express. The undersigned expressly acknowledges and agrees that the activities of getting a flu shot involve a risk of injury and/or death and/or property damage. The undersigned releases the released parties from all liability to the undersigned and the undersigned's heirs, successors, and assigns for claims, damages, or demands for personal injury, death, or property damage arising from or related to the services of Flu Shot Express. The undersigned expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid it is agreed that the balance shall continue in full legal force and effect.			
Passenger Signature:		Date:	

Flu Shot Express is a service of THE WASHINGTON FLU SHOT CO.

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