

EMERGENCY RIDE HOME REGISTRATION

In order to be eligible for participation in the Emergency Ride Home program, you must agree to the following terms:

1. I understand that the Emergency Ride Home (ERH) program is a pilot program to provide me, as someone who used a means other than driving a single occupant vehicle to campus--MavRide, Zimride (rideshare), or bicycling—a way to get home in the event of an emergency. I agree to use ERH for this purpose only.
2. I understand that I must meet one of the following conditions in order to qualify for ERH:
 - Sickness (self) or carpool driver
 - Sickness or accident of immediate family member (child, spouse, parent)
 - Unscheduled overtime or late meeting (i.e., no advance warning that they would have to work late)
 - Carpool or vanpool driver had to leave work early for emergency
 - Carpool vehicle or bicycle breakdown
3. I understand ERH must originate on campus and may include only the following destinations:
 - home
 - hospital/doctor's office
 - school or daycare (e.g., pick-up sick child), then home or hospital/doctor's office
4. I understand that I may not use ERH for any of the following reasons:
 - Pre-planned events (such as Medical or Dental Appointments, scheduled overtime)
 - Public transportation breakdowns
 - Days when rider did not travel to campus by MavRide, Zimride or bicycle
 - Inclement weather
5. I understand that ERH is to be used for travel within the Omaha metropolitan area only, that I am responsible for any costs for distances greater than 30 miles, and that those charges will be added to my student account (for students) or deducted from my regular pay (faculty/staff).
6. I understand the ERH program may be used up to 2 times per semester, not to exceed 4 times in a calendar year. If I use ERH in excess of these limits, I am responsible for the cost of those rides and that those charges will be added to my student account (for students) or deducted from my regular pay (faculty/staff).
7. I understand that for each ERH use, the place of origin, destination, my name and my ID number will be given to UNO by Happy Cab to ensure proper payment. I further agree to provide a reason for each ERH use I make (to help evaluate the program effectiveness).

Name of Registrant

NUID Number

Date