



Mobility/Travel Training Program CLIENT CONSENT FORM

I _____ (Trainee/PCA/Travel Buddy) hereby give permission to participate in North County Transit District's Mobility/Travel Training Program. I understand that the training procedure involves walking within the community, crossing intersections and riding Regional Transit. I _____ (Trainee/PCA/Travel Buddy) understand that information regarding the training will be recorded upon observation. Photographs, videotape, or digital recordings; may be used during training; NCTD or agents have the right to use these in any and all media, now or hereafter and that I may review that information at any time.

I have had the opportunity to discuss the Mobility/Travel Training Program with the Trainer and to ask questions. I approve of the program under the direction of North County Transit District.

I understand that neither North County Transit District nor any employee thereof makes any representation that I _____ (Trainee/PCA/Travel Buddy) will be able to use public transportation without assistance or to travel alone following the completion of Mobility/Travel Training.

I understand and agree that the decision to permit travel alone or without assistance after the completion of the Mobility/Travel Training Program rests totally with me or on the parent or guardian of the Trainee. I do not hold North County Transit District or any employee thereof, responsible for any actions on the part of _____ (Trainee/PCA/Travel Buddy) after completion of the training program.

1. I understand that all personal information about me will be kept confidential. I understand that if I go on the day trip, I will be riding on public transportation and therefore release North County Transit District and the Travel Trainer from any liability pertaining to this training.
2. I understand that there will be no financial or other remuneration for recording me in media used.

TRAINER	DATE	PARENT/GUARDIAN/TRAVEL BUDDY
COORDINATOR		DATE
TRAINER		DATE
TRAINER		DATE