



TRAVIS COUNTY TRANSIT PASS WAIVER

This document is a receipt for your pass and to acknowledge the policies regarding its use. Return to:

Yadricia Jimenez
Transportation and Natural Resources
700 Lavaca, Suite 540
Austin, Texas 78701

1. I understand and agree that my transit access is ***not transferable*** to others, including my dependents, and that violation of this term is grounds for discipline, including termination from employment.
2. I understand and agree that I will maintain any passes and keep them secure and will immediately report any lost or stolen cards to Adele Noel. And I will reimburse Travis County for its replacement.
3. I understand and agree that Travis County may discontinue this program at any time without notice or liability to me.
4. I understand and agree that I may be asked to provide my Travis County photo identification upon request from Capital Metro drivers and security personnel.
5. I understand and agree that this transit access is valid only while I remain employed by Travis County and that access will be cut upon my termination from Travis County employment.
6. I understand and agree that Travis County is neither responsible nor liable for any services, actions, or activities related to or provided by Capital Metro in relation to this transit access, including service stoppage of any kind for any reason.
7. ***In consideration for Travis County providing me access to the transit services, I release, waive, discharge and promise not to sue Travis County, its officers, agents or employees for any property damage, personal injury, or death that may occur while accessing the transit services. And I understand and agree that this release, waiver, and promise not to sue is intended to be as broad and inclusive as permitted by Texas law.***

____ BY INITIALING, I VERIFY THAT I AM EMPLOYED BY TRAVIS COUNTY FULL-TIME AND PAY INTO THE RETIREMENT SYSTEM.

PLEASE ALLOW MAILING TIME PLUS ONE WEEK FOR US TO PROCESS YOUR REQUEST.

Pass Number – (Office use only)

Employee Identification Number

Print Name

Signature

Date

Department

Facility/Building Name/Office Location

Mail to: Work Home

Address where you would like transit pass mailed: **complete only if pass is being mailed to your home.** _____