



Emergency Ride Home (ERH)

Participant's Agreement*

***Please complete and return this form to the TMO, 1 Burt Road, Bldg X, Andover, MA 01810 in order to receive a Voucher for one free Emergency Ride Home.**

For employees of: *Pfizer, P&G/Gillette, Jacobs Field Services NA, Progressive Gourmet, Sodexo, Standard Duplicating, employees of Cushman & Wakefield tenants (at 181-187-200 Ballardvale St. only) and employees of RAM Management Co. tenants (at 234 Ballardvale St. only)*

I have read and understand the ***Policies and Procedures*** of the **Emergency Ride Home** service and agree to participate in the service according to these rules. As a participant, I understand that transportation will be provided by a third party and that my employer or **The Junction TMO** cannot be held responsible for the performance of the vendor. I assume full responsibility for any risk which may result from participating in the service.

I understand that if I use the **Emergency Ride Home** service, I will submit a brief follow-up **Confirmation Report** in order to ensure that my travel needs were met and to receive a new voucher for possible future use.

Signature: _____ Date: _____

Employee Name (print): _____ Employer: _____

Home Address: _____
(Street number, street name, town/city, zip)

Work Phone: _____ Home Phone: _____

Email: _____

Work Address/Mailstop: _____

I commute to the Lowell Junction/Ballardvale St. area at least two days a week by the following mode(s):

- Carpool
- Vanpool
- Public Transit
- Bicycle
- Walk/Jog

Name(s) and phone number(s) of the other person(s) in your *Carpool*, **or** your *Vanpool's Primary Driver*: