



**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, Charles River Laboratories, 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*: