



ADULT

Start Date: _____/_____/_____
End Date: _____/_____/_____

Driver Authorization Pass Request and Release/Hold Harmless - ADULT

Driver Name _____ Emp # _____ Truck # _____

Passenger Name _____ Age _____ Relationship to Driver _____

PASSENGER MUST CAREFULLY READ, COMPLETE, AND SIGN BELOW

I request permission to accompany the above named driver of Melton Truck Lines, Inc. ("Melton"). I am at least eighteen (18) years old. I consent to any medical treatment or care for any symptom or condition, for whatever cause, which may arise in connection with such travel. **In case of emergency, please attempt to contact the following:**

Name _____ Phone Number _____ Relationship _____

I understand this form is not a "rider pass," and that this form must be properly completed and reviewed by Melton's Safety Department before any rider pass will be issued. I know rider passes must be renewed each year and must be carried in the truck at all times while I am on the truck. I understand that if my rider pass expires or is cancelled for any reason, I cannot ride again unless and until Melton issues a new rider pass. I agree Melton can deny or withdraw rider permission at any time in its sole discretion, and that any rider permission Melton grants is conditioned on my release, indemnity and hold harmless agreement below. In consideration of, and to induce Melton to consider granting me a rider pass and allowing me to ride in a Melton truck, for myself and my heirs, successors and all other persons claiming by or through me, I absolutely release and fully indemnify and hold harmless Melton and its agents, contractors and employees (collectively "Releasees"), from all cost and liability whatsoever regarding any death or injury I may sustain on or off of the truck, even if such death, injury or liability was caused or contributed to by Releasees' negligence or fault or by the condition of any Melton equipment or property. I know the dangers of truck and highway travel, truck stops and loading areas; and of the possibility of accidents, injuries and death—including those wholly or partially caused by the fault of the Releasees. I acknowledge that Melton is relying on this release and indemnity, and that Melton will not grant any rider pass without it. I intend for this release and indemnity to be fully enforced and to survive any termination or expiration of any rider pass which may be granted, and agree that I (and all persons claiming by or under me) shall be stopped from denying or contesting its validity. **I UNDERSTAND THIS PARAGRAPH IS A RELEASE, INDEMNITY, AND HOLD HARMLESS AGREEMENT.**

If a customer refuses to allow a passenger access to its facility, the driver is solely responsible for the welfare or care of said passenger off the truck. Please check your load information and contact your Driver Manager for questions and procedures for these issues. Although we will try to accommodate our employees, we are not responsible to get passengers home or to another location. If you require assistance finding alternative transportation, please contact your Driver Manager.

Passenger's Printed Name _____ Passenger's Signature _____ Phone Number _____

Rider Insurance and Premium Deduction Authorization

If signed below, Passenger requests coverage under Melton's Rider Accident Insurance Policy, and Driver authorizes Melton to deduct the monthly charge (currently \$16.30, subject to change) for each month a rider pass is valid. **Such insurance is not required; participation is voluntary.** Coverage terms, limits and conditions are stated in the policy, which is available on request from Melton's Safety Department.

Effective Start Date: _____ Effective End Date: _____

Passenger's Signature _____ Driver's Signature _____ Social Security Number _____

This form must be notarized unless it is completed in person and properly witnessed at Melton Truck Lines, Inc.

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 200____, before me, a Notary Public in and for the state and county aforesaid, personally appeared _____ of legal age, to me known as the person described in and who executed the foregoing release, and acknowledged that he/she executed the same as his/her free act and deed.

SUBSCRIBED AND SWORN TO before me on the date and year written above.

Notary Public _____ My Commission Expires OR Melton Truck Lines Representative Signature and Date _____

****NO PASSENGER PASS WILL BE ISSUED UNLESS THIS FORM IS RETURNED WITH A COPY OF PASSENGER ID. (ADULTS-D. LICENSE OR STATE ISSUED ID/ MINORS-BIRTH CERTIFICATE)**