ACHD COMMUTERIDE

ADA COUNTY HIGHWAY DISTRICT (ACHD)

COMMUTERIDE PARTICIPANT AGREEMENT

PROGRAM INFORMATION

The Ada County Highway District (ACHD) sponsors the Commuteride Vanpool Program, which provides shared commuter transportation on schedules set jointly by each vanpool group and the Commuteride office.

ACHD may adjust routes or schedules when needed to best serve riders, and will provide advance notice of any changes, consolidations, or terminations. If ridership drops below cost-effective levels, Commuteride will issue a 30-day notice and work with the group to recruit additional participants or place riders on other existing routes when possible.

This Agreement outlines the rights and responsibilities of all Vanpool Program participants.

PARTICIPANT TERMS & RESPONSIBILITIES

Payments & Account Management

1. Pay monthly fare in advance using approved payment methods.
2. Ask HR whether your employer offers transportation subsidies and how to enroll if eligible.
3. Late payments may incur a 10% fee and collection action.
4. Notify Commuteride at least 14 days in advance before withdrawing to receive any refund.
5. Keep your contact information up to date.

Ridership & Scheduling

6. Notify the Driver if you cannot meet the pickup schedule or will not be riding on a given day
7. Notify ACHD Commuteride and the Driver before transferring to another van.
8. Riders under 18 require prior approval.

Safety & Conduct

9. Wear seat belts at all times.
10. Follow all laws, safety rules, and health guidelines.
11. Do not ride when ill or recently exposed to contagious illness.
12. No tobacco, marijuana, alcohol, or prohibited substances in or near the vehicle.
13. Respect fellow riders and the public.
14. No discrimination of any kind.
15. Keep the vehicle clean and free of personal belongings.

Program Requirements

16. Review and follow the Vanpool Participant Handbook and current Commuteride program rules.
17. Comply with any updated program terms and conditions.

Insurance & Liability

18. Participants are volunteers and not employees of ACHD.
19. Acknowledge insurance coverage limits and notify your personal insurance provider if desired.
20. Indemnify and hold harmless ACHD and its agents.

ACHD COMMUTERIDE

ADA COUNTY HIGHWAY DISTRICT (ACHD)

COMMUTERIDE PARTICIPANT AGREEMENT

PARTICIPANT INFORMATION

Van Number: _____ Start Date: ___/___/_____ Ridership Requested: ☐ Full-Time ☐ Part-Time

Participant Full Name: _____

Email Address: _____

Home Phone: _____

Address: _____

Employer: _____

Building Number: _____ Building Name: _____
(If not applicable, put N/A)

Work Hours: _____
(Example 7:30 AM–4:30 PM)

Work Phone: _____ Birth Date: ___/___/_____
(MM/DD/YYYY)

Electronic Signature Acknowledgment

By signing electronically, you consent to be legally bound by this Agreement.
Your electronic signature is the legal equivalent of a handwritten signature.

Signature: _____ Date: _____

5800 N. Meeker Ave, Boise, Idaho 83713 | 208.345.7665 | www.commuteride.com