Check#_____ Amount $ _____

Received By:_____

Entered By:_____

Pass # assigned:_____Exp.Date_____

2010 BUS PASS APPLICATION — BPTC-Olson Transportation Service to area Metra Station Instructions:

Please mail or bring application with payment to **Jennifer Gresik, Hospira, Inc. 600 Field Drive, Lake Forest, Illinois, 60045**. Method of payment must be **Check payable to Conway Park Owners' Association**. We will not accept cash or credit card payments.
*(Please note: **BPTCBus** will assess a $25 fee for returned checks)*.

Applicant Information	Employer Information
Name: _____	Company: _____
Home Address:_____	Address:_____
_____	_____
Work Phone:_____	Phone: _____
Cell Phone:_____	# of Employees (Lake Forest Location):_____
Normal Work Schedule:_____ E.g. 8:00am to 5:00pm	Annual Pass: (new or renewal) $50.00 per Rider
Metra Station: (Choose One)	
☐ DEERFIELD (860 Deerfield Road, Deerfield, IL)	
☐ EAST LAKE FOREST (691 North Western, Lake Forest, IL)	
☐ WEST LAKE FOREST (10205 Waukegan Road, Lake Forest, IL)	

Rider's Certification & Release:

I certify that I am the person that will participate in the ***BPTCBus*** program. The above information is correct and may be verified. I also understand there are NO REFUNDS on bus passes. Replacement passes will be issued for an additional fee of $5.00.

I further understand that transportation services under the name ***BPTCBus*** are operated by Olson Transportation, Inc. Conway Park Property Owners' Association (CPOA) only coordinates the schedules and payment for services to Olson.

I further agree, and promise to hold harmless and to indemnify CPOA from all liability, claims, demands, actions or rights of action, damages defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to other parties in the course of my participation in the Participation Activities.

I further agree promise and covenant not to use, assert, or otherwise maintain any claim against CPOA for any injury, death, illness and disease, or damage to myself or to my property, arising from or connected with my participation in this program OR from any claims asserted against me by others parties. In signing this release, I fully recognize that I will have no right to make a claim or file a lawsuit against CPOA even if CPOA negligently caused the bodily injury or property damage. This agreement shall be binding on the heirs, legal representatives, executors and administrators of the participant and is for the benefit of CPOA, its successors and assigns.

Rider's Signature: _____

Employers Certification:

I certify the above employee has permission to participate in the ***BPTCBus*** program and that our company has less than 40 employees working at our Company Address set forth above. This information is correct and may be verified. I also understand there are NO REFUNDS on bus passes. Replacement passes will be issued for an additional fee of $5.00

Employer Representative: _____

Signature: _____

Title: _____