



Hudson TMA
574 Summit Avenue, 5th floor
Jersey City, NJ 07306

Please Place
 First Class
 Stamp Here

Thomas A. DeGise
 County Executive



574 Summit Avenue, Fifth Floor, Jersey City, NJ 07306
 (201) 792-2825 Fax: (201) 795-0240
 www.hudsontma.org

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 TMA Director

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Division of
HUDSON COUNTY IMPROVEMENT AUTHORITY
 (201) 795-4555

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 Executive Director

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 General Counsel

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 HCIA Chairman

Useful Hudson County Commuter Contacts

NJ TRANSIT
 (800) 772-2222

Coach USA
 (201) 876-9000

NY-NJ Port Authority (PATH Trains)
 (800) 234-PATH

NY Waterway
 (800) 53-FERRY

New Jersey Department of Transportation
 (800) 245-POOL

Hudson TMA

FREE

Emergency Ride Home Program

We understand the difficulties commuters face when they carpool or vanpool. In our effort to keep car/vanpools rolling, we have recognized that it is common for passengers to be concerned about how they will get home if their driver has to leave work early or stay late due to an emergency. Additionally, the passenger may have their own personal emergency requiring an early ride home or a work related emergency causing him/her to work later than the scheduled ride home with the driver. To allay these fears we provide the free Emergency Ride Home Program (ERH).

Getting You There...



ERH Registration Form

Please note the following rules of eligibility:

- ERH is only available Monday to Friday (no holidays).
- The carpool or vanpool must be registered with the Hudson TMA.
- The individual must complete the ERH Registration Form and agree to the Rules of Eligibility and the Assumption of Risks.
- The individual must currently be a registered participant of the Hudson TMA carpool or vanpool on the day they require the ERH.
- The individual(s) must travel to work via the registered car or vanpool on the day they require the ERH.
- There is a limit of 3 ERH requests per year per individual.
- The TMA may verify with the employer that the employee has to work late by request of a supervisor, or is leaving early due to an unanticipated emergency or illness.
- Request for the ERH must be made to the Hudson TMA between the hours of 9 am and 4 pm by phone only.
- Arrangements for the car service will only be made by the Hudson TMA.
- Arrangements are confirmed when the passenger receives the TMA confirmation number from the Hudson TMA.
- ERH is not a guaranteed service and may be denied at the discretion of the TMA.

A request for an ERH will be denied if the ride is needed to:

- run personal or business related errands.
- attend any prescheduled personal, health or work related appointments or meetings.
- complete other travel plans of a personal or business nature.
- leave early in anticipation of or due to weather conditions.
- accommodate working late as a matter of practice.

To participate in the program you must register by completing the form below and signing the waiver.
Online registration is available at www.hudsontma.org.

Name

Male Female

Home Address

Apt. No.

City

State

Zip

Home Phone

Cell Phone

Email address

Employer

Department

Employer Address

Suite

Employer City

State Zip

Work Phone

Supervisor's Name

Supervisor's Phone

**For further info call the Hudson TMA
201-792-2825**

Assumption of Risks:

I recognize that participation in the Emergency Ride Home Program is strictly voluntary. I understand that neither the ERH Program, nor the Rideshare Program, nor the Hudson TMA, nor the HClA undertake to provide transportation services to me as a participant, but only to pay for transportation services. I further understand and agree that the delivery at destination, timeliness, safety, and condition of the transportation service which the ERH Program undertakes to pay for are the sole responsibility of the taxicab/limo/car service operator and not the Rideshare Program, the Hudson TMA, or the HClA. Neither the Rideshare Program nor the Hudson TMA, nor the HClA, assumes any liability with respect to such transportation service in these or any other particulars which the undersigned or any third person, and the representatives thereof, have or may have against the Hudson TMA, and the HClA, and its/their officers, agents and/or employees, by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising directly or indirectly from my participation in the ERH Program. I agree to hold harmless, release and forever discharge the Hudson TMA, and the HClA its/their officers, agents and/or employees from and against any and all claims and demands whatsoever.

I have read the terms of eligibility and assumption of risks and I agree.

Signature:

Date:

PLEASE SIGN AND RETURN TO: HUDSON TMA, ERH PROGRAM, 574 SUMMIT AVENUE, 5TH FLOOR, JERSEY CITY, NJ 07306.

COMPLETED FORM MAY BE FAXED TO: 201-795-0240, FORM MAY ALSO BE COMPLETED ONLINE AT WWW.HUDSONTMA.ORG.

GETTING YOU THERE...