

Try Transit Program Application

Complete this form to apply for Commute.org's Try Transit program.

Please note that current users of public transit are not eligible to participate and commuters are only eligible to participate in the program once. Also note that when choosing the transit service for which you want tickets, we are only able to provide tickets for transit that make sense for your commute (e.g. home city and/or work city are served by the transit service). Requests for tickets that do not make sense for your commute will be denied.

Contact the Try Transit program team at incentives@commute.org with any questions.

* Required

1. **First name ***

2. **Last name ***

3. **Email ***

4. **Home street address (include APT #) ***

5. **City ***

6. **Zip Code ***

7. **Phone number**

8. **Employer name ***

9. Employer street address

10. Employer city *

11. How do you commute currently? *

Mark all that apply.

- Drive alone
- Carpool
- BART
- Caltrain
- Ferry
- Public bus
- Private shuttle
- Motorcycle
- Bicycle
- Walk

12. One-way distance from home to work *

Mark only one oval.

- 1-5 miles
- 6-10 miles
- 11-20 miles
- 21-40 miles
- 41 or more miles

13. Number of days you commute during a normal work week *

Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- 6
- 7

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14. Please choose the transit ticket(s) you would like to receive *

Mark only one oval.

Caltrain

SamTrans

SF Bay Ferry

15. Promo code (if applicable)

In consideration of the benefits I receive as a participant in this program. I hereby assume full responsibility for all risk of injury or loss, including death, which may result from my participation in this Program, I agree to hold harmless, release, waive, forever discharge, and covenant not to bring suit or claim against the Peninsula Traffic Congestion Relief Alliance (Commute.org), San Mateo County Transit Authority, City/County Association of Governments of San Mateo County, the Bay Area Air Quality Management District and their respective officers, agents, and/or employees (hereafter collectively "Releases") from any and all claims and demands which the undersigned may have against the Releases by reason of an accident, illness, injury, or death, or damage to or loss or destruction of any property arising or resulting from my participation in the Program whether or not such loss, injury, or death is alleged to be caused in whole or in part by the negligent acts or omissions of the Releases. The terms of this release are binding on my heirs, executors, administrators, and all of my family members as well as myself.

I have read the foregoing release and fully understand the terms contained therein and sign this waiver freely and with out inducement. I hereby verify the information submitted is true and correct. This waiver must be accepted for your application to be processed.

16. Release and waiver acknowledgement *

Mark only one oval.

Yes

No

17. Comments
