



711 Clymer Road Marysville, Ohio 43040

Ph: 614.734.0100 Fax: 614.734.0700

Driver Ride Along Request Form:
(NO RIDER UNDER 21 YEARS OF AGE)

I _____ **(DRIVER)** request permission for _____ to accompany me on my route for the period of _____. I understand that the individual riding in the company vehicle is in no way performing work for, is employed by, or contracted to Ryan Logistics, Inc. or any of its other related corporations.

I _____ **(PASSENGER)** agree to hold harmless Ryan Logistics, Inc. and all of its employees, officers, and relatives of the said corporations for any personal injury related to the operation of the vehicle, loading, unloading, or any other operation necessary to the completion of the said route. Permission is for the defined period only for the purpose of the driver relations. I understand that I and my survivors are waiving all rights to pursue legal recourse if any injury or fatality occurs as a result of this driver benefit regardless of fault. _____ **(PASSENGER)**

Witness: _____

Manager Approval: _____

Date: _____