

Passenger Application



Confidentiality and Application Agreement

I, _____ of the town of _____, have received, read and understand the Cycling Without Age Passenger Handbook and Confidentiality guidelines, and agree to abide by the procedures listed therein and I attest that all of the information I have provided herein is accurate and complete. I understand and agree that acceptance into the program is entirely at the discretion of the Cycling Without Age program coordinator.

Waiver of Liability

- I the under signed, am the passenger named herein taking part in the Cycling Without Age Program as a passenger.
- I understand and agree that there are inherent risks associated with participation in this activity, that my participation is voluntary and that I am physically fit enough to participate in the activity.
- I accept all responsibility for my participation including the possibility of personal injury, death, property damage of any kind notwithstanding that the injury, loss may have been contributed to or occasioned by the negligence of the Cycling Without Age Society and its officers, directors, employees, members, agents, assigns, legal representative and successors.
- I do hereby indemnify and hold harmless the Cycling Without Age Society, its officers, directors, employees, members, agents, assigns, legal representatives and successors and any and all business associates and partners involved in the above noted activity and each of them, their owners, officers and employees hereby waiving all claims for damage now or in the future arising from any loss, accident, injury or death which may be caused by or arise from participation of the individual named herein during this event; and agree to assume all risks for the activity noted above that the individual named herein has agreed to participate in.

I permit Cycling Without Age Society (CWA) Sidney to take my picture and display it on the CWA website.

My signature acknowledges that I am over the age of 18 and had sufficient time to read and understand this waiver. I have had the opportunity to seek my own legal advice and that I understand and agree to the conditions stated in this document and that they are binding on my heirs, next of kin, executors, administrators and successors.

Signed this _____ day of _____, 2019

Participant Name: _____ Phone # _____

Participant Signature: _____

Witness Name: _____

Witness Signature: _____

Passenger Application



Informed Consent - Waiver of Liability

Authorization to provide care/services has been seen: yes no

Participant Name: _____

I the under signed attest that I am the Legal Guardian/Power of Attorney of the person named herein taking part in the Cycling Without Age Program as a Passenger

- I understand and agree that there are inherent risks associated with participation in this activity, that participation is voluntary and that the participant is physically fit enough to participate in the activity.
- I accept all responsibility for their participation including the possibility of personal injury, death, property damage of any kind notwithstanding that the injury, loss may have been contributed to or occasioned by the negligence of the Cycling Without Age Society and its officers, directors, employees, members, agents, assigns, legal representative and successors.
- I do hereby indemnify and hold harmless the Cycling Without Age Society, its officers, directors, employees, members, agents, assigns, legal representatives and successors and any and all business associates and partners involved in the above noted activity and each of them, their owners, officers and employees hereby waiving all claims for damage now or in the future arising from any loss, accident, injury or death which may be caused by or arise from participation of the individual named herein during this event; and agree to assume all risks for the activity noted above that the individual named herein has agreed to participate in.

I permit CWA Sidney to take my picture and display it on CWA Website.

My signature acknowledges that I have had sufficient time to read and understand this informed consent. By signing it I agree to the above conditions and allow the individual named herein to participate in the activity named. I understand that the conditions are binding on my heirs, next of kin, executors, administrators and successors.

Signed this _____ day of _____, 2019

Legal Guardian/Power of Attorney Name: _____

Signature: _____ Phone #: _____

Witness Name: _____

Witness Signature: _____