



CYCLING WITHOUT AGE SEBASTOPOL

A Program of the Sebastopol Area Senior Center

Passenger Application

Name: _____ Date of Birth: _____

Street Address: _____

Mailing address if different: _____

Phone: _____ Email: _____

Do you need a ride to the start of our bicycle ride? Yes No Unsure

Accompanied by: _____ Relationship: _____ Date of Birth: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone: _____

Passenger Health/Mobility Issues (Please check any that apply):

Needs assistance walking:

Uses walker: Uses wheelchair or scooter:

Needs assistance getting into/out of trishaw:

Hearing impaired:

Trouble understanding and following directions:

Any known medical conditions that might make it unsafe to ride in the trishaw (eg. inability to momentarily stand for transfer to trishaw, inability to sit upright with seatbelt only, recent stroke or heart attack, history of seizures, recent loss of consciousness, vertigo, or motion sickness):

Note: We encourage passengers to ride with friends and family members, however, the trishaw has a passenger limit of 350 pounds. If both passengers exceed the weight limit, the accompanying family member/friend may bike behind the trishaw. We have assistant pilots who can sit next to the passenger if requested.



Waiver of Liability

I the undersigned, am the passenger named herein taking part in Sebastopol Area Senior Center’s Cycling Without Age Sebastopol Program as a passenger:

1. 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.
2. 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 Sebastopol Area Senior Center and its officers, directors, employees, volunteers, members, agents, assigns, legal representative and successors.
3. **I do hereby indemnify and hold harmless Sebastopol Area Senior Center, 167 North High Street, Sebastopol, CA and its officers, directors, employees, volunteers, 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, employees and volunteers, 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.**

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.

Passenger Name: _____ Phone: _____

Passenger Signature: _____ Date: _____

Approximate weight of main passenger: _____

If a family member or friend is accompanying you, please fill in the following:

Approximate weight of accompanying passenger: _____ DOB: ____/____/____

Accompanying passenger name: _____ Phone : _____

Accompanying passenger signature: _____ Date: _____