**PARTICIPATION AGREEMENT**

**LET’S RIDE PROJECT**

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| As a participant in the Let’s Ride Project, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ (Print Name), understand, acknowledge, and agree to the following: * In order to participate in the Let’s Ride Program, I am required to sign this **Participation Agreement,** and the accompanying **Liability Waiver** and **Consent Form**.
* In order to complete the course, I must attend all lessons.
* I understand that the Let’s Ride Program and its trainers make no promise that I will be able to safely use a bicycle independently upon completion of this program.
* I understand that if the program coordinator feels I cannot ride a bike safely on my own, then I will be demitted from the program.
* I understand that I am responsible for arriving to virtual training and in person sessions on time.
* I must conduct myself in a cooperative way with my instructor(s) and fellow students. I understand that I must respect other participants in the virtual meeting and in person sessions. Demonstrating respect includes raising my hand if I have a thought to share or a question to ask. It also includes allowing others to ask questions and share comments without interrupting.
* If I am disrespectful, disruptive, or interfere in a persistent manner with anyone’s teaching or learning (including my own), I may be removed from the meeting or in person session before the end of the class.
* I must participate in all activities and assessments throughout the course including pre- and post-program evaluation surveys.
* I understand that I can call or email my instructor(s) at any time to talk about my progress or ask questions about the course.
* Intake information as well as assessment and evaluation information received from me may be shared with a third party for the purpose of research and evaluation. I may also be invited for an interview for this purpose; however, I may choose not to participate. I understand that this information may be used to produce a report about the Let’s Ride Project; however, I will not be personally identified in any subsequent written reports. I understand that any third party will sign, and be bound by, a confidentiality agreement with Let’s Ride.
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| **Training Agreement**I will be participating in the following training course: |
| [ ] Stream 1  Plain language Training Lessons on the  following topics: 1. Intro
2. What to wear
3. Safety
4. Types of bikes
5. Night Riding

 Bike Riding Classes1. Balancing
2. Controlling the bike
3. Steering
4. Obstacle course
 | [ ]  Stream 2 Plain language Training Lessons on the following topics:1. Intro
2. What to wear
3. Road signs
4. Road hazards
5. Crosswalk safety
6. Safety in the community
7. Riding in a group
8. Route planning

 Bike Riding Classes1. Hand signals and group riding
2. Crosswalk safety
3. Obstacle course
4. Practice rides through Hamilton
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**Participant’s Contact Information:**

Let’s Ride Project staff can reach me at:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

**Emergency Contact Number 1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Number 2:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Initials** | **Acknowledgement** |
|  | I acknowledge that I have read this Agreement carefully and that I understand its meaning and consequences. |
|  | I acknowledge that I have had the opportunity to ask questions to the Program staff.  |
|  | I would like to participate in the Let’s Ride Program, and I fully agree to the rights and obligations set out above.  |

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Participant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

**The Salvation Army Lawson Ministries**

**Waiver, Release, and Indemnity Agreement**

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| BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT RELATED TO THIS ACTIVITY.***PLEASE READ CAFEFULLY!*** |

**In consideration for the opportunity to participate in The Salvation Army Lawson Ministries Let’s Ride Project activities:**

**Acknowledgement and Assumption of Risks:**

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| **Initials** | **Acknowledgement** |
|  | I acknowledge that biking can entail certain risks of damage and/or bodily injuries, even death. I understand that bike riding is an inherently dangerous activity, and that bike riding training involves riding in the community, crossing intersections, riding on the roads and trails, and in all types of weather.  |
|  | I acknowledge that The Salvation Army is not responsible for the safety of my person and/or property during biking, and that it is my responsibility to follow standard health and safety protocols while participating in such activities, all road rules, and any instructions provided by staff.  |
|  | I represent that I have consulted with the appropriate medical professionals prior to participating in this Program. I also represent that I am mentally and physically prepared to participate in this Program and that **I am freely and voluntarily assuming any and all risks associated with my participation in such activities.** |

**Waiver of Claims, Release of Liability and Indemnity Agreement:**

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| **Initials** | **Acknowledgement** |
|  | I agree to waive any and all claims or demands against The Salvation Army that arise out of or in any way relate to my participation in the Let’s Ride Project and to the use of free equipment such as bikes, helmets, safety equipment, and any other biking equipment, including claims related to but not limited to loss of life, personal injury, or damage to property. |
|  | I agree to release, indemnify, and hold harmless The Salvation Army from and against any and all liability resulting from my participation in the Let’s Ride Project **DUE TO ANY CAUSE WHATSOEVER**.  |
|  | I agree that this Waiver, Release, and Indemnity shall bind my heirs, personal representatives, and successors to the benefit of The Salvation Army. |

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| **Initials** | **Acknowledgement** |
|  | I understand that, for the purpose of this document “The Salvation Army” includes The Salvation Army Lawson Ministries, The Salvation Army Canada and Bermuda Territory, The Governing Council of the Salvation Army in Canada, and all associated charities, divisions, and unincorporated associations, as well as all officers, employees, and volunteers associated with them. |
|  | **I acknowledge that I have read and understood the above, and I am knowingly and voluntarily signing this Waiver, Release, and Indemnity Agreement.** |

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Participant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date