CYCLING WITHOUT AGE

# Passenger Application

FCSS Family and Community Support Services

Town of CANMORE

**Date:**_____

## Contact Information

**Name:** _____ **Sex:** M / F **Date of Birth:** _____

**Address or Facility:** _____

**City:** _____ _____ **Postal Code:** _____

**Home Phone:** _____ **Cell Phone:** _____

**Emergency Contact:** _____ **Phone:** _____

**Relationship:** _____

## Personal information

This information is collected to allow the Cycling Without Age Program to assess a person's suitability for the program and to provide the best and safest level of service possible.

**Please describe your mobility:** Completely Mobile Cane Walker Wheelchair

**Are you able to sit up and down unassisted?** Yes No

**Are you able to sit up unaided?** Yes No

**Do you need a companion to ride with you?** Yes No

**Do you require oxygen?** Yes No

**Do you have any medical conditions that may affect you while using the Cycling without Age Program (vision difficulties, hearing problems, osteoporosis, etc.)?**

_____

_____

_____

_____

**Is there anything else that the volunteer should be aware of? (Requires staff assistance in and out trishaw)** _____

_____

This is a transitory document and will be used to create your volunteer profile then destroyed.
The personal information being collected herein is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, R.S.A. 2000 Chapter F-25; Section 33(c). If you have any questions regarding the collection and use of this information please contact the Town of Canmore Municipal Records Officer 403.678.1509.

## 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 FCSS Cycling Without Age Program Coordinator.

## Waiver of Liability

I the under signed, am the passenger named herein taking part in the Town of Canmore 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 Town of Canmore and its officers, directors, employees, members, agents, assigns, legal representative and successors.
- I do hereby indemnify and hold harmless the Town of Canmore of 902 7th Avenue, Canmore, AB 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.

**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 _____, 2017

Participant Name: _____ Phone # _____

Participant Signature: _____

Witness Name: _____ Witness Signature: _____

_____ _____

Town of Canmore Cycling Without Age Coordinator Signature

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