



Healing Rides Required Form

Rider's Name: _____

DOB: _____

Emergency Phone: _____

Preferred Hospital: _____

Agency: _____

I acknowledge there are risks involved in participating in cycling activities, such as road hazards, traffic and weather conditions, and I understand we may be riding on open streets, where we have no control over other vehicles.

I agree to abide by Healing Rides rules and regulations and agree not to hold its volunteers, or Wesley United Methodist Church liable for injury to me during rides I take with them.

I assume the risk of any medical, physical, mental or emotional condition I may have.

_____ (initial) **Due to the nature of the activity and equipment, there is a 225 pound weight limit set by the manufacturer to ensure the safety of the participant. The individual named above meets this safety requirement.**

_____ (initial) **I understand that volunteers and representatives of Healing Rides are unable to transfer or provide assistance to transfer a rider into and out of the tricycle seat for rides. I agree to provide support for a safe transfer.**

____ YES ____ NO: **I give permission to use my/the rider's image, voice or words to promote Healing Rides via social media, print materials, video, website or other marketing platforms.**

Signature: _____ Date: _____

If rider is a minor, not their own guardian or unable to sign, parent/guardian/caregiver/power of attorney or other legal representative should sign on their behalf below:

Signature: _____ Date: _____