



CYCLING TEAM & STP: PROCESS TO JOIN

Thank you for your interest in joining the Outdoors for All Cycling Team! Below you will find information on the process for becoming a member and/or riding in our Seattle to Portland (STP) Fundraising Ride.

STEP 1: Apply to join Cycling Team - Submit a *Cycling Team Application* (attached) to the listed contact. This application includes:

- Payment: Cycling Team Membership (\$75)
- Team Jersey Sizing
- Health History & Liability Forms
- Seattle to Portland (STP) Fundraising Information

NOTE: You must be on our Cycling Team to participate on our STP Team.

STEP 2: Application Reviewed – Our staff will review your application. This typically can take up to a week, so please be patient. If you do not hear back from an Outdoors for All staff in one week from submitting, please contact Connor Inslee.

NOTE: Our Cycling Team has a high level of difficulty associated with it and is geared toward those who fall in our Competitor Recreational Group category (see our Activity Guides for more information or call us if you are concerned about your ability to ride at this level).

STEP 3: Confirmation – After our staff have reviewed your application, we will send you a confirmation letter via mail or email. This confirmation will include:

- Team information and ride dates
- Information regarding the STP fundraiser and how to sign up for the ride.

STEP 4: Team Rides – In your confirmation packet are a list of dates for team rides. Mark your calendars! Cycling Team members are welcome to any of our team rides listed and of course are encouraged to ride on their own sporting their Outdoors for All branded cycling jersey.

STEP 5: STP Fundraiser Registration (Optional) – STP is an optional ride for Cycling Team members. You must register through us for this ride. Please see your confirmation packet for more information!

INTERESTED IN RIDING THE STP?

Information will be provided in your confirmation packet for the Cycling Team. This will include how to get signed up and registered (Outdoors for All has a number of pre-paid spots for STP) for the STP ride.

CYCLING TEAM CONTACT:

Connor Inslee
connorinslee@outdoorsforall.org
206.838.6030 x223

STP FUNDRAISER CONTACT:

Morgan Kokenge
morgankokenge@outdoorsforall.org
206.838.6030 x213



Cycling Team Application

How to register: Complete and return the following information.

Mail: 2 Nickerson Street, Suite 101, Seattle WA 98109

Fax: 206.838.6035

Email: info@outdoorsforall.org

The Outdoors for All cycling team is geared toward riders who can sustain 11+ mph pace for 15-20 miles. Team members are expected to be self-sufficient getting to and from rides and coordinating additional support persons if needed. Cyclists needing additional support such as transportation (transportation for the STP will be provided) to and from events, riding partners, daily-living skills assistance are encouraged to recruit a friend or family member for support. Outdoors for All will assist in coordinating pilots for visually-impaired riders and riders with disabilities but cannot guarantee that riding partners will be available. As an Outdoors for All cycling team member you will receive an official cycling team jersey and have the opportunity to ride in bi-weekly training rides. Training rides will be outlined and organized by the cycling team and support will vary.

NOTE: *Our Cycling Team has a high level of difficulty associated with it and is geared toward those who fall in our Competitor Recreational Group category (see our Activity Guides for more information or call us if you are concerned about your ability to ride at this level). After you have submitted your application, we will place it through a screening process and send you a confirmation. If we have concerns about your ability to ride at this level, we will contact you.*

Name: _____

Primary Phone:(_____)_____ email: _____

Rider with disability: Y / N

Average cycling pace (in mph): _____ **Average current ride length:** _____

Additional support needed: Y / N

If yes, explain: _____

Payment: The Outdoors for All Cycling Team registration fee is \$75 annually and includes an Outdoors for All Cycling Jersey. Please fill out the payment information below. Payment options: enclosed check or credit card.

Credit card VISA MC card number: _____ expiration: _____

Name on card: _____ Security code (back of card): _____

Jersey Size: Please choose a jersey size (Note: With bike jersey's it is recommended you order a size larger than you do with a normal t-shirt): Adult S Adult M Adult L Adult XL

STP: As a team rider you will have priority registration for the Seattle to Portland (Outdoors for All has 50 pre-registered slots). Our goal is to raise \$20,000 for the Cycling Team through team fundraising efforts for STP. Are you interested in joining us for the STP Fundraising Ride? Y / N

Please fill out our Outdoors for All Information Form and sign the Outdoors for All Release of Liability form.

Outdoors for All Information Form - Participant

General Information

Name: _____
Address: _____
City/State/Zip: _____
Access ID # _____
DDD# _____

Primary Contact Information

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-Mail: _____

Emergency Contact Information

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Caregiver

Name(s): _____
Phone: _____
Volunteer Preference: Male Female No Pref.
Medications: _____
Side Effects of Medication: _____
Will Medications be taken during Activities? Y N

Health History

Gender: M F Birthdate: _____ Age: _____ Height: _____ Weight: _____ Shoe Size: _____
Primary Disability: _____ Year of Diagnosis: _____
History of Seizures: Y N Seizure Type: Petite Mal Grand Mal Other _____ Seizure in the past 24mos: Y N
List the indicators for the seizures and how often they occur: _____
Spinal Cord Injury: C1-T1 T1-T6 T7-T12 L1-L5 S1-S5 Complete Incomplete
Assistance in using the bathroom: Y N Explain: _____
Mobility: Walks Independently Walks w/Assistive Device Manual WC Power WC
(Mark all that apply)
Transfer Ability: Transfers Independently Transfers Self W/Assistance Can Bear Weight w/Assistance
 No Ability to Self Transfer Can Not Bear Weight

Secondary and other Conditions:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Easily fatigued | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Partial Hearing | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Autonomic Dysreflexia | <input type="checkbox"/> Hemispatial Neglect | <input type="checkbox"/> Partial Vision | <input type="checkbox"/> High Anxiety |
| <input type="checkbox"/> Temp. Reg. Difficulties | <input type="checkbox"/> Sensitivity to Noise | <input type="checkbox"/> Shunt | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Hemiparesis | <input type="checkbox"/> Sensitivity to Light | <input type="checkbox"/> Speech Aphasia | <input type="checkbox"/> Asthma or other Respiratory |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Sensitivity to Sun | <input type="checkbox"/> Ataxia | <input type="checkbox"/> Fibromyalgia |

Rate the following items in terms of Difficulty Functioning:

(*If rating a 3 or 4, please explain below in "Additional Comments")

(0) = No Difficulty (1) = Slight Difficulty (2) = Moderate Difficulty
(3) = High Difficulty (4) = Extreme Difficulty / Needs Assistance

Ability to Self Control _____	Speech Intelligibility _____	Range of Motion _____	Balance _____
Decision Making _____	Spatial Orientation _____	General Strength _____	Endurance _____
Concentration _____	Frustration Tolerance _____	Muscle tone _____	Gross Motor _____
Memory _____	Following Directions _____	Upper Body Strength _____	Fine Motor _____
Learning Ability _____	Switching Focus/Attention _____	Lower Body Strength _____	Torso Control _____

Allergies: (foods, bee, any medications, etc.): _____

Other Food Restrictions: _____

What is the form of communication style (check all that apply): Verbal Nonverbal Sign Language

If nonverbal, does the participant have a method of communication? Y N If yes, please explain: _____

If there is any other difficulty with communicating? (be specific and list communication tips): _____

*Frustration indicators (How will staff know? What can staff do?) _____

Methods used to help calm participant: _____

Precautions/ Concerns of Participant/ Parent/ Guardian: _____

What are some skills you'd like to see worked on: (Use the list of terms of functionality listed above for reference)

*Additional Comments: _____

Outdoors for All RELEASE of LIABILITY

1. Inherent Dangers of Activities, Responsibilities of Participants

a. I am aware that skiing, snowboarding, hiking, cycling, in-line skating, canoeing, rock climbing, rafting, and other activities are hazardous sports that can result in serious injury, death or other damage. I accept the risks inherent in these activities and in the ski area, mountains, trails, water and other environments. I accept my responsibilities to be informed, to ski, snowboard, hike, cycle, skate, canoe, climb, camp, raft and participate in such activities safely, to follow established safety guidelines (such as the skier/snowboarder Your Responsibilities Code), and to obey all posted behavior notices, rules and policies. For volunteers only: I acknowledge that I will read and follow policies in the Outdoors for All Foundation Volunteer Manual.

b. I understand the nature of these activities and assume responsibility for my own physical fitness and capability to perform the activities involved. I also assume responsibility for obtaining any medical examination relating to my physical capability and fully assume the risk of failing to obtain any said medical examination.

2. RELEASE and Hold Harmless Clause, Binding Nature of Consent

a. In consideration of acceptance of enrollment in Outdoors for All Foundation (a non profit organization) (OFA) and/or services received. I agree that I will not sue or make claim against OFA and further that I agree to RELEASE. HOLD HARMLESS. AND INDEMNIFY the Outdoors for All Foundation and its sponsors, agents, board members, volunteers, employees and all other vendors from all actions, claims or demands for any loss or injury which may occur as a result of participating in Outdoors for All Foundation activities, including but not limited to those which may arise from NEGLIGENCE, the installation, maintenance, selection, adjustment and use of equipment, traveling to and from any activity, including any first aid treatment or other service whether foreseen or unforeseen.

b. This RELEASE contains the entire agreement between the parties and is made for valid consideration as a condition precedent to my participation in Outdoors for All Foundation activities. It is contractual, not a mere recital. This RELEASE is also binding as to any other persons, including all family members, heirs, and executors.

3. Equipment

a. I will accept the equipment for use, as is. I agree to be fully responsible for the equipment while it is in my possession and to return it by the agreed time/date. I agree that I may incur additional charges if the equipment is returned late, dirty or damaged beyond normal wear and tear: I accept my responsibility to replace, at full retail value, any Outdoors for All Foundation equipment which I fail to return.

b. I accept the risks involved in the use of the equipment, including, but not limited to, skis, snowboards, boots, poles, sit-skis, bi-skis, mono-skis, outriggers, slant boards, ski stabilizers. Edgie-wedgies, walkers, harnesses, helmets, cycles, skates, canoes, climbing equipment, camping equipment and rafting equipment and any other equipment that I may use. I understand that it is my responsibility to receive instructions on the use of this equipment and to understand its function. I understand that this equipment is adjusted individually according to the information that I supply. I certify that I have made no misrepresentations and understand that this equipment is for my personal use only.

c. I understand that the ski or snowboard equipment I use may not be equipped with releasable bindings, and I accept the risks involved with non-releasable bindings. If the equipment does have releasable bindings, I understand that the bindings will not release under all circumstances and are no guarantee of my safety.

4. Liability Insurance Only (no medical or transportation)

a. Outdoors for All Foundation does not provide damage insurance for participants, including volunteers. All participants, including volunteers should have their own medical and vehicle insurance.

5. Photo Release

a. I give my permission to have my photo taken during activities and to be used for publicity purposes.

6. Participants Under Age 18 or Not Their Own Guardian

a. If I am signing on behalf of a minor or someone who is not their own guardian, I accept full responsibility for all medical expenses and other special and general damages incurred as a result of this person's participation, use of regular and adaptive equipment, or travel to or from Outdoors for All Foundation activities. I also agree to HOLD HARMLESS AND INDEMNIFY Outdoors for All Foundation and its sponsors, agents, board members, volunteers, employees and all vendors from any claims brought by or on behalf of this person.

7. Volunteers Only (Washington State Patrol Request for Criminal History Information)

a. I understand that by signing this. I am giving permission for Outdoors for All Foundation, a non-profit organization, to request Criminal History Information and Child/Adult Abuse Information Act from the Washington State Patrol Identification and criminal History Section in accordance with RCW 43.43.830 through 43.43.845.

All winter Program Participants, regardless of whether or not they will be renting equipment, must check one "Skier Type" box:

- I (Cautious and/or learning Skier/easy terrain, slow speeds)
- II. (Moderate Skier/varied terrain and speeds)
- III. (Aggressive Skier/skis all terrain and conditions, high speeds)

My signature is an authorization for OFA or OFA Staff to arrange for medical treatment that is deemed necessary on behalf of myself or for my child/dependant in the case of an accident

Please answer questions and sign

I have carefully read and fully understand this release of liability and sign it of my own free will.

Full Legal Name _____

Date of Birth: _____

Signature _____

Date: _____

Printed Name of signer (if not self, ie: legal guardian) _____

Relationship of signer to participant (if not self, ie: legal guardian) _____