Participant Packet, Waiver, and E-Bike Loan Agreement

Complete every applicable field before any Feels & Wheels ride, event, or equipment use.

1. Participant information

Full legal name

Preferred name

Date of birth

Age

Phone

Email

Street address

City / State / ZIP

Driver license / ID number (optional)

Preferred contact method

Participant notes or accommodations

2. Emergency contact

Emergency contact name

Relationship

Emergency contact phone

Alternate phone / email

Allergies, medical notes, or special accommodations

3. Day and time options that work for you

Select all days and time windows that usually work. Then list your top three preferred ride options.

Days available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Times available: ☐ Morning ☐ Midday ☐ Afternoon ☐ Evening ☐ Flexible

Preference	Day/date option	Time window	Notes
Option 1			
Option 2			
Option 3			

4. Rider experience and comfort

Experience level ☐ New rider ☐ Some experience ☐ Comfortable ☐ Advanced

Type of bike you normally ride, if any

Height / approximate bike size needs

Anything that would help us make the ride safer or more comfortable?

Previous e-bike or bicycle concerns, if any

5. Safety readiness checklist

- [ ] I agree to follow staff and ride-leader directions at all times.
- [ ] I agree to wear a helmet and required safety gear.
- [ ] I will not ride under the influence of alcohol, drugs, or impairing medication.
- [ ] I will ride at a safe speed for the route, traffic, weather, and my ability.
- [ ] I will report any equipment issue, crash, injury, or near-miss immediately.
- [ ] I will obey traffic laws, trail rules, posted signs, and group ride rules.
- [ ] I will stay with the group or approved route unless staff approves a change.

Participant initials _____ **Date** _____

6. Health and ability acknowledgment

Participant confirms they are physically and mentally able to participate in an e-bike ride or related activity. Outdoor rides may involve heat, sun, rain, traffic, uneven pavement, pedestrians, animals, mechanical failure, falls, collisions, and other risks. Participant agrees to stop riding and notify staff if they feel unsafe, dizzy, ill, injured, anxious, overwhelmed, or unable to continue. Feels & Wheels activities are wellness and community experiences only and are not medical, mental-health, counseling, or emergency-response services.

- [ ] I have read and understand this health and ability section.

Initials _____ **Date** _____

Restrictions, medications, allergies, or health concerns staff should know before the ride

7. Assumption of risk

I understand that participation in Feels & Wheels activities, including use of e-bikes, bicycles, helmets, accessories, tools, trailers, parking areas, group rides, community events, and related transportation or support activities, involves inherent and unpredictable risks. I voluntarily choose to participate and accept these risks.

Risks may include, but are not limited to:

1. Loss of control, falls, impact, scrapes, fractures, head injuries, or other bodily injury.
2. Collisions with vehicles, other riders, pedestrians, animals, curbs, poles, debris, road hazards, or fixed objects.
3. Electric-assist acceleration, braking issues, tire failure, chain failure, battery malfunction, steering issues, or other mechanical failure.
4. Poor visibility, heat, dehydration, rain, slick pavement, uneven pavement, traffic, construction, or trail conditions.
5. Negligent, reckless, or unpredictable conduct by other people, drivers, riders, pedestrians, or participants.
6. Aggravation of prior medical, physical, emotional, or mental-health conditions.

☐ I voluntarily assume the risks of participation and equipment use.

Initials _____ **Date** _____

8. Ride rules and participant duties

1. Inspect the bike before riding and tell staff about loose parts, low tires, brake issues, battery warnings, or unusual sounds.
2. Use only the assigned bike and approved equipment. Do not alter settings, remove parts, perform stunts, tow others, race, or overload the bike.
3. Keep both hands available for control, maintain safe following distance, and avoid phone use while moving.
4. Ride single-file or as directed. Yield when required and respect pedestrians, drivers, other riders, property, wildlife, and trail users.
5. Stay with the group or approved route unless staff approves a change. Stop at regroup points and follow return instructions.
6. Participant is responsible for citations, fines, intentional damage, negligent damage, missing equipment, or unsafe use.
7. Participant will immediately report any crash, injury, damage, theft, lost item, malfunction, or unsafe condition.
8. Participant understands that unsafe conduct may result in removal from the ride or future Feels & Wheels activities.

☐ I agree to follow all ride rules, safety expectations, and staff directions.

Initials _____ **Date** _____

9. E-bike and equipment care agreement

If Feels & Wheels provides an e-bike, bicycle, helmet, lock, charger, battery, bag, tool, light, or other equipment, Participant agrees to treat all equipment with reasonable care and return it in the same condition, ordinary wear excepted. Participant will not loan, sell, abandon, modify, repair, disassemble, hide, transport, or store equipment without permission. Participant agrees to keep equipment secure, dry when possible, and away from misuse, theft, unnecessary impact, water exposure, unsafe charging, and battery misuse.

	Initials	Date
☐ I will return all equipment when requested or at the end of the activity.		

☐ I understand I may be responsible for equipment lost or damaged through misuse, negligence, or rule violations.

☐ I will not charge, store, transport, or modify batteries/equipment except as instructed.

10. Equipment checkout and return record

Complete before and after the ride. Each item has its own fillable line to avoid crowding.

Item	ID / description	Checkout condition	Return condition
E-bike / bike			
Helmet			
Battery / charger			
Lock / lights			
Other			

Staff initials	Participant initials	Checkout date/time	Return date/time

11. Liability release and indemnification

To the fullest extent allowed by law, Participant releases, waives, and agrees not to sue Feels & Wheels, Inc., its founders, directors, officers, volunteers, staff, ride leaders, sponsors, donors, partners, property owners, event hosts, and agents (collectively, the Released Parties) for claims, damages, injuries, losses, costs, or expenses arising out of or related to Participant participation, transportation, equipment use, premises use, group activities, ordinary negligence, or actions of other participants. Participant agrees to indemnify and hold the Released Parties harmless from claims caused by Participant conduct, unsafe riding, rule violations, misuse of equipment, false information, or failure to disclose relevant conditions.

	Initials	Date
☐ I have read and agree to this release and indemnification section.		

12. Photo, video, story, and media release

Participant grants Feels & Wheels permission to photograph, record, publish, edit, and use Participant name, image, likeness, voice, testimonial, ride photos, and event media for nonprofit outreach, fundraising, social media, sponsor materials, website, print, and community education, without payment or additional approval. Participant understands public posts may be shared by others.

	Initials	Restrictions requested, if any
☐ I agree to the media/photo release above.		

13. Emergency medical authorization

In an emergency, Participant authorizes Feels & Wheels staff or volunteers to call 911, provide basic information to emergency responders, contact the emergency contact listed in this packet, and assist with reasonable emergency steps. Participant remains responsible for personal medical decisions, insurance, ambulance charges, treatment costs, and follow-up care.

	Initials
☐ I understand and authorize emergency contact/response steps if needed.	

Health insurance / physician / medication notes (optional)

14. Participant final acknowledgments

- [ ] The information I provided is true and complete to the best of my knowledge.
- [ ] I had the opportunity to read this packet before signing and ask questions.
- [ ] I am participating voluntarily and understand I may stop participating if I feel unsafe.
- [ ] I understand this packet applies to all Feels & Wheels activities unless replaced by a newer signed form.

15. Participant signature

Participant printed name

Participant signature

Date signed

Phone or email confirmation

Typing a name into the signature field may be treated as an electronic signature where permitted.

16. Parent/guardian signature if participant is under 18

Parent/guardian printed name

Relationship to participant

Parent/guardian signature

Date signed

17. Feels & Wheels staff review

Received by

Packet status

- [ ] Complete
- [ ] Needs follow-up

Date

Staff notes