



Teens Biking to Destinations Registration Form

Teens Biking to Destinations (TBD) is a bike education program for middle and high school students that face barriers to transportation and bike ownership. Through hands-on activities and group rides on neighborhood streets, students learn basic bicycle maintenance, safety, and handling skills. The program curriculum is built on the idea that bicycles can be vehicles for transformation as well as transportation. The program aims to provide a foundation for young people to grow on and off their bikes. To better equip participants, those who complete the program are eligible to receive a new bike, helmet, lock, and set of lights.

Registration is open to youth who have not previously participated in the TBD program. All skills and abilities are encouraged, but students who don't currently know how to ride a bicycle need to attend a Learn to Ride Class before their session starts. For more information or to schedule a Learn to Ride Class, please email walknroll@intercitytransit.com. Space in the program is limited, and registration forms are processed in order they are received. Once the class is full, students will be added to a waitlist. If class attendance is 50% or lower than expected our funding requires that we cancel the session. Find more details and the program schedule on our website at:

<https://www.intercitytransit.com/services/walknroll/teens-biking-destinations>. For questions, please email us at walknroll@intercitytransit.com.

Dates of Session: _____

Name: _____ Pronouns: _____ Age: _____

School: _____ Grade: _____ Birth Date: _____

Requested Session if applicable: _____ Height (for bike fit): _____

Guardian Name: _____

Guardian Phone: _____ Guardian Email: _____

Address: _____ City: _____ Zip: _____

Do you know how to ride a bike without training wheels:

How confident are you while riding your bike: _____

Emergency Contact #1

Name: _____ Relationship: _____

Address: _____ city _____ zip _____

Cell Phone: _____



Emergency Contact #

Name: _____ Relationship: _____

Address: _____ city _____ zip _____

Cell Phone: _____

Medical Information

Asthma or Allergies (food, bee stings, etc.):

Accommodations:

Any addition information to help us better serve this participant

Participant's primary medical care provider: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____

Our Teens Biking to Destinations program is funded with a grant from WSDOT and is administered by Cascade Bicycle Club. The funding comes from Washington's Climate Commitment Act (CCA). The CCA supports Washington's climate action efforts by putting cap-and-invest dollars to work reducing climate pollution, creating jobs, and improving public health. Information about the CCA is available at www.climate.wa.gov.





INTERCITY TRANSIT WALK N ROLL PROGRAM

ACKNOWLEDGMENTS, DISCLAIMERS AND RELEASE OF LIABILITY

In this document, "Recipient" includes the individual participating in Intercity Transit's Walk N Roll Program event, class, or activity and his or her parents, guardians, assignees, personal representative and heirs.

In consideration of being permitted to participate in the Intercity Transit Walk N Roll program, the Recipient makes the following acknowledgments, disclaimers and releases:

Recipient acknowledges all risks and dangers in riding a bicycle or scooter and assumes the risk from all such activities. If the individual participating in the Program is under 18 years of age, the individual's parent or guardian states that the individual is qualified, in good health and in proper physical condition to participate in the program. If the individual participating is 18 or over, that individual makes the same statement.

Recipient hereby fully and forever waives and releases any and all claims, liability, losses, demands, and damages against Intercity Transit, its agents, employees, volunteers, representatives, officials and insurers from any and all liability, which exists or may arise in connection with any activity carried out as part of the program. This includes, but is not limited to, all claims, liability, losses, demands, and damages arising from or in connection with any instruction given, any bicycle, scooter, helmet, or other equipment supplied or given, any practicing of bicycle skills or operations such as a "bike rodeo", any bicycle trip taken, and any use of a bicycle or scooter as part of the class. This waiver and release



includes, but is not limited to, any claim by Recipient against the School District or other organization for which the School District or other organization may claim reimbursement or indemnity from Intercity Transit.

I have read and fully understand this document. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance. I agree that if any part of this document is held to be invalid, the rest will continue in full force and effect.

Participant's Name

X _____

Signatures of parents or guardians

X _____

Printed names of those signing

X _____

Date Signed

X _____



INTERcity TRANSIT

Image Release

Date: _____

For valuable consideration in the form of participation and recognition, I hereby irrevocably consent to and authorize the use and reproduction by Intercity Transit, or anyone authorized by Intercity Transit, of any and all photographs, including images in any form, which any contractor or representative of Intercity Transit this day has taken or made of me, for any purpose whatsoever, without monetary compensation to me. All images, in digital or print form, shall constitute Intercity Transit's property, solely and completely.

Participant's Name: _____

Signature of Parent/Guardian:

X _____