



2019 TRAS Cycling Clinics

The new location is Southside Riverfront Park on South 18th street off of East Carson street in the southside section of the city of Pittsburgh 15203. All events will start at 9 am.

June 8
June 29
July 6
July 28 (Sunday)
August 11 (Sunday)
August 31

All events are subject to cancellation due to weather. Start times are staggered because of shared cycles. All participants must call Kevin Lee at 412 551 5291 at least 5 days prior to event to reserve a time. Reservations are required and are made in the order that they are received. We will try to accommodate everyone but it is not guaranteed. Participants must provide their own transportation, food and beverages.

TRAS has a variety of cycles available for use which includes both hand cycles and foot pedaled trikes.. No prior cycling experience is necessary- you will have a volunteer assigned to ride with you so you can go at your own pace. Helmets are REQUIRED-if you have your own, bring it, if not, one will be provided. If you aren't sure about what type of bike suits you, give Kevin a call or send him an email, and he will guide you in the right direction.

If you have your own bike, but plan on coming, please let Kevin know so he can plan accordingly and notify you if there is a cancellation due to weather. Bring your own food, water and sunscreen! Please review and fill out our registration forms and send them to Kevin at his email address.

VOLUNTEERS NEEDED TO RIDE ALONG WITH OUR CYCLISTS. NO PRIOR EXPERIENCE IS NEEDED.
IF YOU ARE INTERESTED IN VOLUNTEERING ON ANY OF THR ABOVE DATES,
PLEASE CONTACT KEVIN

Please complete and mail the Registration and the Liability Waiver Forms to:

TRAS / PO BOX 38235 / PITTSBURGH, PA 15238

Please call Kevin Lee at 412-551-5291 or email him at freakflag55@icloud.com

with questions and for ride details.

ALL riders MUST wear a helmet!
Helmets will be provided for those who need one

2019 TRAS CYCLING CLINICS REGISTRATION FORM

Name: _____ M or F DOB: _____ Email _____

Address: _____

Phone: (H) _____ (C) _____

I want to register for the following TRAS Cycling Clinics: date(s):

JUNE 8: ___ JUNE 29: ___ JULY 6: ___ JULY 28: ___ AUG 11: ___ AUG 31: ___

NOTE: Registration Form & DS/USA Liability Releases must be received FIVE DAYS prior to selected date(s) above.

Personal Information (please be as specific as possible):

Disability: _____ Onset: _____; Wt: _____; Ht: _____

Please choose your most frequent mode of mobility: ___ walking: list any assistive devices or braces used _____

I use a wheelchair: ___ manual or ___ electric?

Previous Cycling experience and equipment used (since disability):

Other sports you participate in on a regular basis:

Are you currently under a doctor's care for any condition? Yes No (if yes, provide details)

Are you allergic to anything? (i.e., medication, food, sun) Yes No (if yes, provide details)

Do you need to limit your activities for any reason? Yes No (if yes, provide details)

Do you have seizures? Yes No

Within the past six months, have you had any injury to, or surgery on your back, spinal cord, or hips? Yes No (if yes, provide details)

Do you wear a back brace or have Harrington Rods? Yes No

(Describe) _____

Are there any other special medical conditions TRAS should know about (asthma, diabetes, heart trouble, etc.)? Yes No (if yes, provide details):

List medications you are currently taking: _____

Emergency Contact: _____ Phone: _____ Relationship: _____



Call the Kevin Lee at 412-551-5291 with questions and for additional information

Registration Deadline is FIVE DAYS in advance of selected date(s)

NO FEES ARE CHARGED FOR THE CYCLING CLINIC

Please complete and mail this Registration Form & Liability Release to:

TRAS P.O. Box 38235, Pittsburgh, PA 15238

Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA, Three Rivers Adaptive Sports, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Three Rivers Adaptive Sports related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Disabled Sports USA/ Three Rivers Adaptive Sports events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a

helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

4. Medical Treatment. Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

5. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Pennsylvania and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Allegheny County, PA; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant’s Signature	Participant’s Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant’s behalf.

Minor’s DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date

Disabled Sports USA Media Release Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. “Released Parties” include Disabled Sports USA, Three Rivers Adaptive Sports and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date