



UFB Tandem Cycling Day

We will be going on a three mile bike ride!!!

After the ride we will have lunch!

(Which will be provided)

When: July 14th 9am-Noon

**Where: 11777 S. River Front Pkwy South
Jordan, UT 84095**

Tandem Cycling Application 2018
Utah Foundation for the Blind and Visually Impaired (UFB)
Saturday July 14th

(For Visually impaired students ages 8 and up)

Student Name: _____

Gender: M F Birth Date: _____

T-Shirt Size: _____ (To guarantee a T-shirt please register by July 1st).

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #'s: Home: _____

Parent Cell #'s: _____

Student Cell: _____

Emails: Parent: _____

Student: _____

Medical needs of Student:

Emergency Contact Name: _____

Phone: _____

Please fill out and send application to Marty Langworthy at

martinlangworthy7@gmail.com

More Information

Drop off: 9:00am

Please drop your child off at 11777 S. River Front Pkwy South Jordan, UT. 84095 The bike ride starts at 9am.

Pick Up: 12:00pm

Please pick your child up at Noon at the same location at 11777 S. River Front Pkwy South Jordan, UT

Items to Bring:

Helmet (To ensure proper fit)

Water Bottle

Sun Screen

Sunglass (if needed)

Proper clothing for a bike ride

Proper shoes for a bike ride

Bring the signed waiver

Register ASAP to martinlangworthy7@gmail.com

Utah Foundation for the Blind & Visually Impaired
UFB MEDICAL AND LIABILITY RELEASE FORM

(To be signed by parent and participant and initialed by parent)

Participant: _____

Waiver in consideration of my involvement under the auspices of the Utah Foundation for the Blind and Visually Impaired (UFB) in camps and/or goalball programs and tournaments.

_____ I/We hereby give consent for the above named child to participate in camp(s) sponsored by UFB and/or other programs and/or athletic tournaments sponsored by UFB or in which UFB participates. I/We certify that he/she has no physical or health conditions which would endanger or jeopardize his/her well-being through participation in the activities of camps or athletic activities.

_____ I/We acknowledge that he/she will engage in physical activities related to athletics, sports, and recreation which may include but not limited to swimming, hiking, biking, skating, wall climbing, horseback riding, ropes course, judo, goalball, water skiing, canoeing, travel using private and public transportation, and similar physical activities. I/We realize that such activities involve the potential for injury which is inherent in all sports. I/We knowingly and freely assume all such risks.

_____ I/We acknowledge that even with the best supervision, coaching, use of

protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

_____ I/We acknowledge that I/we have read and understand this warning.

_____ I/We, for myself and my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Utah Foundation for the Blind and Visually Impaired and the instructors, coaches, counselors and volunteers with respect to

any such injuries, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

_____ I/We hereby agree to exonerate and save harmless UFB, its agents, servants, employees, and volunteers including coaches, trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to the activities indicated above. I/We furthermore authorize UFB to seek medical treatment on my behalf, in the event that I am unable to freely authorize such action.

_____ I/We hereby authorize and give my/our full consent to UFB to copyright

and/or publish any and all photographs, videotapes and/or film in which my child appears while attending camps and/or participating in UFB programs and activities. I further agree that UFB may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations.

Parent/Guardian Date

Participant Date