

Bearings Bike Shop
Skills For Life Program Enrollment Form

Enrollment Information (Required)

Today's Date: _____

Participant Information:

Name: _____ Date of Birth: _____ Gender: _____

Address: _____

School: _____ Grade: _____ New to Bearings? Yes No

Parent / Guardian Information:

Name: _____ Phone: _____

Email: _____

Bearings uses text alerts and email to communicate important announcements to parents. We will use the information provided to enroll you in our text and email systems. You may opt-out at any time.

Join our invite-only Facebook Group! Provide your Facebook contact so our staff can add you to the group for exclusive updates and content!

Emergency Contact Information:

Name / Relationship: _____ Phone: _____

Drop-Off / Pick-Up Information (choose one):

- My child may walk or bike to or from the program on their own.
- My child will be dropped off / picked up by: _____.

Participant Rules

1. **Safety:** For the safety of all, participants must follow rules and directions given by Bearings staff, including using all equipment only as directed. Participants who fail to do so may put themselves or others at risk and may be suspended from program participation at the discretion of Bearings staff. In the case of suspension, the participant's parent or guardian will be notified using the contact information listed above.
2. **Voluntary Participation:** Unless the "drop off/pick up" option is selected above, participants in Skills for Life may utilize the "drop-in" program by arriving and departing as they choose. Program participation is limited to 2 hours per day maximum. Participation in program activities is entirely voluntary and participants may excuse themselves from participation at any time.
3. **Respect:** Bearings strives to foster an environment of respect and trust for all participants, their families, staff, and volunteers. Participants are expected to treat each other, Bearings staff, and volunteers with respect.
4. **Questionable Items:** Our staff retains the right to confiscate any potentially dangerous or illegal items that may be in a participant's possession. No weapons of any kind are permitted in or around Bearing's premises.
5. **Possessions:** Participants are solely responsible for their possessions during participation in the program. Participants are encouraged to leave valuable items at home.

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Participant Survey & Demographic Information (Optional)

The following questions are optional. We are committed to keeping your and your child's personal information private and confidential. We will only use this information for the purpose of providing the Shop's services, and we will only disclose information if required by law. We may use information that does not identify you for our internal surveys or studies in order to improve our services. Such information will be aggregated and will not identify you or your child. You have the right to decline to give us any personal information on this page.

1. Race or Ethnicity: White Hispanic, Latino, or Spanish Black or African-American Asian
American Indian or Alaska Native Middle Eastern or North African Native Hawaiian or Pacific Islander
Other: _____ Prefer not to respond

2. Does this participant qualify for Free or Reduced Lunch? Yes No Prefer not to respond

3. Prior to earning a bike from Bearings, did you own a bike?

- I own a bike that works and is my size. I own a bike but it does not work.
 I own a bike that works but is too small for me. I do not own a bike.

4. I wear a helmet when I ride... Always. Usually Sometimes Never

5. In a normal week...

- I ride my bike every day, on weekdays and weekends.
 I ride my bike most days.
 I ride my bike sometimes (e.g., only on the weekends).
 I ride my bike every once in a while.

6. Usually when I ride my bike,

- I ride fast for a long time (30 minutes+); I sweat and breathe hard.
 I ride fast for a short time; I sweat and breathe hard.
 I ride slow for a long time (30 minutes+); I do not sweat or breathe hard.
 I ride slow for a short time; I do not sweat or breathe hard.

7. Bearings helps me keep my bike working so I can ride it. Yes No Not Sure

8. I have earned a bike from Bearings Bike Shop. Yes No Not Sure

9. I really want to earn a bike this year. Yes No Not Sure

10. I am able to ride a bike on my own without help. Yes No Not Sure

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**PROGRAM CONSENT, ASSUMPTION OF RISK, RELEASE
AND WAIVER OF LIABILITY AGREEMENT (Required)**

THIS IS A PROGRAM CONSENT, ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

Your child has been selected to participate in one or more programs (a “Program” or “Programs”) sponsored and operated by Bearings Bike Shop, Inc. (“Bearings”). In connection with my child’s participation in such Program(s), I understand and acknowledge as follows:

A. My child’s participation in a Program or Programs may involve inherent risks of physical injury or illness, damage to or loss of personal property, and death.

B. My child is voluntarily participating in such Program or Programs, for my child’s personal benefit, with full knowledge and understanding of the risks and inherent dangers associated with participation in such Program(s). The value of such benefit, together with Bearings allowing my child to enter into Bearings facilities and participate in Program-related activities, is sufficient consideration of my voluntary execution of this Agreement.

C. My child has no physical, mental or cognitive condition that would prohibit his/her participation in any Program-related activities. If he/she is now or has been in the past under treatment for any physical, mental or cognitive conditions that may limit his/her participation, I will discuss such condition(s) with the Program supervisor and agree to follow his/her judgment as to whether my child should participate in the full range of Program-related activities.

D. The novel coronavirus, Covid-19 (“Covid-19”), has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely contagious and is believed to spread mainly from person-to-person contact, including among individuals without disease symptoms. Federal, state and local governments and health agencies recommend social distancing and have in many locations prohibited the congregation of groups of people, among other preventative measures. I understand that entry into Bearings facilities and participation in Program-related activities may increase my child’s risk of contracting Covid-19. I further understand and acknowledge that my child’s risk of becoming exposed to or infected by Covid-19 in connection with his/her participation in Program-related activities may result from the actions, omissions or negligence of my child and/or others, including, without limitation, Bearings, its employees, volunteers, officers, directors, representatives, other Program participants, or any others present at Bearings facilities or Bearings Program-related activities.

E. I acknowledge that I have received a copy of the Bearings Participant Rules (the “Rules”). I acknowledge that I have read and understand the terms and conditions of the Rules, and agree that my child shall comply with all of the terms and conditions of the Rules.

In consideration for the foregoing, I acknowledge and agree as follows:

1. Assumption of Risk. I, on behalf of my minor child, hereby assume and accept all risks, dangers (including personal injury, illness, disability and death) and responsibility for any losses or damages, whether caused in whole or in part, directly or indirectly, by the negligence or conduct of Bearings, its employees, volunteers, officers, directors, or any other person or entity acting in any capacity on its behalf (collectively referred to herein as the “Releasees”), that may arise in connection with my child’s participation in a Bearings Program or Programs specifically including, but not limited to, the risk of contracting Covid-19.

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2. Release and Waiver of Liability. On my behalf and on behalf of my child, I hereby voluntarily release, discharge, hold harmless and covenant not to sue the Releasees, and each of them, from and against any and all claims, liabilities, actions, damages, costs or expenses of any kind (“Claims”) arising out of or relating to (i) my child’s participation in a Program or Programs, specifically including, but not limited to, any Claims related to Covid-19, and (ii) my child’s failure to comply with any term or provision of the Student Agreement or the Rules, and any action taken by Bearings or any of its employees or volunteers to enforce any of the terms or provisions of the Student Agreement or the Rules. I understand and agree that this Release includes any Claims based on the actions, omissions or negligence of Bearings, its employees, directors, volunteers, agents or representatives. I further understand that my agreement in this regard binds me, my child, and our respective heirs, assigns, personal representatives and estates.

3. Photography and Video Consent. In consideration for my child’s participation in a Program or Programs, I hereby consent to and grant Bearings and any partner, affiliate or sponsor of Bearings (an “Affiliate”) the irrevocable right and permission to use, reuse, publish, republish and otherwise reproduce, modify, display and transmit my child’s likeness or image in any and all print, electronic, digital or other media utilized by Bearings or an Affiliate for publication, promotion, marketing or advertisement, including, but not limited to, websites, social media accounts, newsletters, and other printed marketing materials of Bearings or any Affiliate.

4. Personal Property. I acknowledge and agree that my child is responsible for the safe-keeping of any personal property in my child’s possession during any Program-related activities. I further acknowledge and agree that Bearings is not responsible for the loss or theft of any of my child’s personal property; and I hereby waive and release, on my behalf and on behalf of my child, any Claims arising out of or related to the loss or theft of any such personal property.

5. Consent to Treatment. In the event my child suffers a minor injury or illness during his/her participation in any Program-related activities, I hereby consent to the administration of routine, non-emergency care for my child by Bearings employees and/or volunteers. Further, in the event my child suffers an injury or illness which, in the reasonable judgment of a Bearings employee or volunteer, I hereby consent to any action by Bearings, or any employee or volunteer, to seek or arrange for emergency medical care for my child.

As the parent or legal guardian of a Program participant under eighteen (18) years of age, I have read and voluntarily agreed that said minor may participate in a Program or Programs, and I have executed this Program Consent, Assumption of Risk, Release and Waiver of Liability Agreement on his/her behalf. I represent that I am the lawful parent or guardian of such Program participant. I have read this Program Consent, Assumption of Risk, Release and Waiver of Liability Agreement, and I agree that I am bound by it (regardless of whether or not I have read it).

Name of Program Participant: _____

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____