

## Onondaga Cycling Club Ride Leader Responsibilities

1. If you cannot lead a ride for which you signed up, it is your responsibility to find a substitute. Please do not call the club president or anyone else the night before the ride and ask them to find someone else. The club listserv is an excellent place to find a substitute.
2. You may download the maps and cues, as well as the ride leader packet (sign in sheets & insurance forms) from the club's web site ([onondagacyclingclub.org](http://onondagacyclingclub.org)). Please make sure that you copy enough maps for all expected riders. Please make sure that you have maps and cues that match all of the options in the ride schedule. Some rides are on a single page while others use several pages. If you prefer hardcopy maps and packet, contact Mike Lyon, 315-689-1931, [ridebent@twcnny.rr.com](mailto:ridebent@twcnny.rr.com), at least two weeks in advance.
3. Familiarize yourself with the route in advance. If you are not familiar with the area, drive or ride the route noting any changes i.e. construction, problems with signage or directions since it is possible that the map may be out of date.
4. Arrive at the start at least 30 minutes early and try to start the ride on time.
5. Rides are not cancelled. Even in poor weather someone will likely ride. While the leader doesn't have to ride, they should carry out the rest of their responsibilities.
6. Make sure all riders sign in. Guests must sign in using the guest signup sheet, which includes a liability waiver.
7. Describe the route options, any points of interest or concern, and any errors on the maps. Remind riders to respect traffic lights, and stop signs and to obey traffic laws. Ask who is riding each route so other riders can see who they may want to ride with. Remind everyone to sign in when they finish. Make sure anyone who is not returning to the starting point lets you know. Also let people know how long you will wait at the finish and ask anyone who thinks they will return later than that to let you know.
8. Do not lead from the front. You do not have to ride "sweep" behind the slowest rider, but try to stay with the main group on whatever route you ride.
9. At the finish, make sure everyone signs in or is otherwise accounted for.
10. Mail the sign-in sheets promptly to:  
Donald Butler, OCC, PO Box 6307, Syracuse, NY 13217 or [dab31415+occ@gmail.com](mailto:dab31415+occ@gmail.com)

# Member Sign In / Out

(GUESTS have a SEPARATE SHEET to sign)



Date: \_\_\_\_\_ Scheduled Mileages: \_\_\_\_\_

Ride Leader: \_\_\_\_\_ Cell ☎ # \_\_\_\_\_

## \*NOTICE:\*

By signing up for this ride as a "member", you acknowledge that you are a current member of Onondaga Cycling Club. If you are not a current member of the Club, either complete a Club membership application, or read and sign a "Guest Rider Release" form (available from the ride leader). By doing so, you will acknowledge relevant information, will release the Club from liability (as further stated in the release language), and the Club's liability or lack thereof may be more accurately determined in the event of an accident.

	Name	Cell ☎ # Recommended	Miles Ridden	Comments? Problem map-cue?	Ride Rating A-B-C-D
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____

Please mail completed form to:

Donald Butler, OCC, PO Box 6307, Syracuse, NY 13217 or dab31415+occ@gmail.com

# Member Sign In / Out

(GUESTS have a SEPARATE SHEET to sign)

Date: \_\_\_\_\_ Scheduled Mileages: \_\_\_\_\_

Ride Leader: \_\_\_\_\_ Cell ☎ # \_\_\_\_\_



## \*NOTICE:\*

By signing up for this ride as a "member", you acknowledge that you are a current member of Onondaga Cycling Club. If you are not a current member of the Club, either complete a Club membership application, or read and sign a "Guest Rider Release" form (available from the ride leader). By doing so, you will acknowledge relevant information, will release the Club from liability (as further stated in the release language), and the Club's liability or lack thereof may be more accurately determined in the event of an accident.

	Name	Cell ☎ # Recommended	Miles Ridden	Comments? Problem map-cue?	Ride Rating A-B-C-D
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____

Please mail completed form to:

Donald Butler, OCC, PO Box 6307, Syracuse, NY 13217 or dab31415+occ@gmail.com



**Guest Rider Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement") 2017**

IN CONSIDERATION of being permitted to participate in any way in

(event name): \_\_\_\_\_ on

(dates): \_\_\_\_\_, a Bicycling Activity ("Activity") sponsored by Onondaga Cycling Club, Inc. ("Club"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; (d) ; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. I FULLY UNDERSTAND that Onondaga Cycling Club allows guest status to a non-member only once in a calendar year and that participation in Club rides or activities beyond such guest status requires obtaining membership status in the Club. By signing this form as a guest, I acknowledge that I have not been a guest and/or have not signed up or participated as a guest in Club rides or activities during the current calendar year.

4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club and the LAB, their respective administrators, directors, ride leaders, volunteers, agents, officers, members, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation, expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**Cell** (optional)

Name \_\_\_\_\_ Signature \_\_\_\_\_ # \_\_\_\_\_ Miles completed \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ # \_\_\_\_\_ Miles completed \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ # \_\_\_\_\_ Miles completed \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ # \_\_\_\_\_ Miles completed \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ # \_\_\_\_\_ Miles completed \_\_\_\_\_

# ONONDAGA CYCLING CLUB, INC. 2017 MEMBERSHIP FORM

Membership valid January 1st to December 31st, 2017

Check only **ONE** Membership Category

Make checks payable to: **Onondaga Cycling Club, Inc.**

Single \$25.00

Family \$35.00

Youth \$5.00

Contributing \$10.00 (non-rider)

FULL NAME\* \_\_\_\_\_ M  F \* BIRTHDAY \_\_\_/\_\_\_/\_\_\_\_\_

ADDRESS\* \_\_\_\_\_ APT \_\_\_\_\_ PHONE\* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY\* \_\_\_\_\_ STATE\* \_\_\_\_\_ ZIP CODE\* \_\_\_\_\_

E-MAIL\* \_\_\_\_\_

EMERGENCY CONTACT\* \_\_\_\_\_ PHONE\* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAMILY MEMBERSHIPS\* (Family members must all reside at the same address).

NAME: \_\_\_\_\_ M  F  BIRTHDAY \_\_\_/\_\_\_/\_\_\_\_\_

NAME: \_\_\_\_\_ M  F  BIRTHDAY \_\_\_/\_\_\_/\_\_\_\_\_

NAME: \_\_\_\_\_ M  F  BIRTHDAY \_\_\_/\_\_\_/\_\_\_\_\_

NAME: \_\_\_\_\_ M  F  BIRTHDAY \_\_\_/\_\_\_/\_\_\_\_\_

**\*Required fields; must be completed to be processed**

## Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement"):

In consideration for being permitted to be a member of Onondaga Cycling Club, Inc. ("Club") and to participate in any way in any Onondaga Cycling Club, Inc. sponsored Activities ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Bicycling Activities and that I am qualified to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club, its administrators, directors, ride leaders, volunteers, agents, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity take place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant #1 Signature\* \_\_\_\_\_ Printed Name\* \_\_\_\_\_ DATE\* \_\_\_\_\_

Participant #2 Signature\* \_\_\_\_\_ Printed Name\* \_\_\_\_\_ DATE\* \_\_\_\_\_

Participant #3 Signature\* \_\_\_\_\_ Printed Name\* \_\_\_\_\_ DATE\* \_\_\_\_\_

Participant #4 Signature\* \_\_\_\_\_ Printed Name\* \_\_\_\_\_ DATE\* \_\_\_\_\_

Participant #5 Signature\* \_\_\_\_\_ Printed Name\* \_\_\_\_\_ DATE\* \_\_\_\_\_

**MINOR RELEASE (must be completed for participants under the age of 18)**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send COMPLETED Form with payment to:



**ONONDAGA CYCLING CLUB, INC.**

**PO BOX 6307 – TEALL STATION**

**SYRACUSE NY, 13217 - 6307**

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## INCIDENT REPORTING INSTRUCTIONS

### **Whenever an Accident Occurs:**

An Incident Report form must be completed immediately after an accident occurs and mailed or faxed to American Specialty Insurance & Risk Services, Inc. as indicated below. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim.

Although you may not have sufficient information to initially answer all questions, it is important that the form be completed as fully as possible at the time of the accident. Do not delay sending in the report form; an incomplete form is better than none at all. Be certain to include your name and daytime telephone number where indicated on the form.

The form contains sections to capture information regarding injury to persons, damage to property, and accidents involving autos.

If you have any questions or need assistance regarding the completion of the Incident Report form, please call American Specialty at 1-800-245-2744.

Mail or fax the completed Incident Report to:

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.**

Attn: Claims Department  
Post Office Box 459  
Roanoke, Indiana 46783-0459

Fax: (260) 673-1291

**IN ADDITION, IN CASE OF SERIOUS INJURY TO A PARTICIPANT OR A SPECTATOR,** it is important that you immediately notify American Specialty by calling 1-800-566-7941 (if after standard business hours, simply follow the automated instructions for emergency claims reporting). This hotline is active 24 hours a day, 365 days a year.



<b>Date of Incident:</b> _____ <b>Time of Incident:</b> _____ <b>AM / PM</b> If injured person is an L.A.B. member, identify: L.A.B. Club Name: _____ Club Address: _____	<b>Does the Injured Person Have Other Medical Insurance?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, please provide: Name of company: _____ Policy #: _____
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<b>Injured Person:</b> <input type="radio"/> Club Member <input type="radio"/> Non-Member <input type="radio"/> Participant <input type="radio"/> Volunteer <input type="radio"/> Pedestrian <input type="radio"/> Other _____  Was the injured person wearing a helmet at the time of the accident? <input type="radio"/> Yes <input type="radio"/> No  Was the injured person riding: <input type="radio"/> Tandem Bike <input type="radio"/> Single Bike	<b>Did This Take Place During:</b> <input type="radio"/> Club Ride <input type="radio"/> Special Event <input type="radio"/> Time Trial <input type="radio"/> Race <input type="radio"/> Conditioning Event <input type="radio"/> Fundraiser If during a Special Event, list name of event: _____ Name of L.A.B. Club putting on the Special Event: _____
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**INJURED PERSON INFORMATION**

Last Name _____ First _____ Mid. _____	Telephone Number ( ) _____ <input type="radio"/> Single <input type="radio"/> Married
Address _____	Social Security Number: _____
City _____	Employer Name: _____
Age _____ D.O.B. _____ <input type="radio"/> Male <input type="radio"/> Female	Employer Address: _____

**GUARDIAN/PARENT (if injured person is a minor)**

Last Name _____ First _____ Mid. _____	Telephone Number ( ) _____
Address _____ City _____ State _____ Zip _____	

**SUSPECTED PRE-EXISTING CONDITION:**  Yes  No

<b>INCIDENT LOCATION</b> <input type="radio"/> Off Road <input type="radio"/> City Street <input type="radio"/> Parking Lot <input type="radio"/> Highway <input type="radio"/> Registration Area <input type="radio"/> Rural Road <input type="radio"/> Restrooms/Locker Rooms <input type="radio"/> Off Property <input type="radio"/> Premises/Grounds <input type="radio"/> Rest Stop	<b>INCIDENT</b> <input type="radio"/> Assault/Sexual <input type="radio"/> Overexertion <input type="radio"/> Assault/Non-Sexual <input type="radio"/> Eligibility <input type="radio"/> Fall (different level) <input type="radio"/> Trip/fall <input type="radio"/> Fall (same level) <input type="radio"/> Slip/fall <input type="radio"/> Caught in, on, between <input type="radio"/> Slip, bodily reaction <input type="radio"/> Animal/Insect Bite/Sting <input type="radio"/> Chased by dog <input type="radio"/> Collision (with parked car) <input type="radio"/> Bit by dog <input type="radio"/> Collision (with moving car) <input type="radio"/> Collision (with object/animal) <input type="radio"/> Collision (participant/participant) <input type="radio"/> Collision (participant/pedestrian) <input type="radio"/> Struck by falling/flying object <input type="radio"/> Auto/property (also complete reverse side)	<b>WEATHER CONDITIONS</b> <input type="radio"/> Sunny <input type="radio"/> Raining <input type="radio"/> Foggy <input type="radio"/> Snowing <input type="radio"/> Cloudy
<b>RIDER ACTIVITY</b> <input type="radio"/> Turning right <input type="radio"/> Passing <input type="radio"/> Turning left <input type="radio"/> Intersection <input type="radio"/> Being passed <input type="radio"/> Straight		<b>ROAD CONDITIONS</b> <input type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Icy
<b>CLASSIFICATION</b> <input type="radio"/> Minor injury or illness <input type="radio"/> Non-injury <input type="radio"/> Serious injury or illness		<b>ROAD TYPE</b> <input type="radio"/> Paved <input type="radio"/> Dirt <input type="radio"/> Gravel

<b>PRIMARY INJURY</b> <input type="radio"/> Allergy <input type="radio"/> Dislocation <input type="radio"/> Nausea <input type="radio"/> Amputation <input type="radio"/> Electrical Shock <input type="radio"/> Stroke <input type="radio"/> Abrasion <input type="radio"/> Foreign Body <input type="radio"/> Burn <input type="radio"/> Laceration <input type="radio"/> Fracture <input type="radio"/> Death <input type="radio"/> Drowning <input type="radio"/> Heat Exhaustion <input type="radio"/> Pain <input type="radio"/> Hypertension <input type="radio"/> Sting/bite <input type="radio"/> Illness <input type="radio"/> Cold Injury <input type="radio"/> Contusion <input type="radio"/> Cardiac <input type="radio"/> Seizures <input type="radio"/> Concussion <input type="radio"/> Strain/Sprain <input type="radio"/> Tooth/Mouth	<b>BODY PARTY INJURED</b> <input type="radio"/> Eye (L/R) <input type="radio"/> Torso <input type="radio"/> Arm (L/R) <input type="radio"/> Nose <input type="radio"/> Back <input type="radio"/> Tooth <input type="radio"/> Neck <input type="radio"/> Face <input type="radio"/> Head <input type="radio"/> Ear (L/R) <input type="radio"/> Leg (L/R) <input type="radio"/> Knee (L/R) <input type="radio"/> Ankle (L/R) <input type="radio"/> Internal <input type="radio"/> Hip (L/R) <input type="radio"/> Shoulder (L/R) <input type="radio"/> Foot (L/R) <input type="radio"/> Elbow (L/R) <input type="radio"/> Hand (L/R) <input type="radio"/> Wrist (L/R) <input type="radio"/> Finger or Toe	<b>DISPOSITION</b> <input type="radio"/> Released to parent <input type="radio"/> Police <input type="radio"/> Refusal of care <input type="radio"/> Ambulance <input type="radio"/> Refer to doctor <input type="radio"/> Report Only <input type="radio"/> Medical attention <input type="radio"/> EMS transport <input type="radio"/> Continued riding <input type="radio"/> Patient requested EMS transport <input type="radio"/> Released to personal vehicle <input type="radio"/> Refer to hospital/clinic
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**DESCRIBE HOW THE INCIDENT OCCURRED:**

<b>WITNESS INFORMATION</b>		
NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )

Signature of Ride Leader or Official (with no relationship to claimant) \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_