

Duet Bicycle Participation

On occasion and weather permitting, McCormick Home/McCormick Dementia Services offers interested residents/clients the opportunity to ride a duet bicycle (pictured below). While a staff member rides the bike, the resident/client is safety secured to a comfortable bucket-style seat at the front of the bike. It provides a wonderful recreational experience for participants of varying levels of physical and cognitive ability and allows them to enjoy the outdoors in our secured garden area.



We strive to ensure the safety of each participant and provide everyone with a helmet.

If you/your loved one would like to participate in the duet bicycle program, please complete the form on the reverse page.



**McCormick
Home**

Advancing Long-term and Dementia Care

Permission Form (over) →



**McCormick
Dementia Services**

Advancing Community Outreach

Duet Bicycle Participation Consent Assumption of Risk, Release of Responsibility, Waiver and Indemnity

In my own capacity or in my capacity as Attorney for Personal Care/Substitute Decision Maker:

I _____ (your name) would like to participate in the duet bicycle program.

OR

I give permission for _____ (name of resident/client) to participate in the duet bicycle program.

I understand that in order for the above-named resident/client to participate in the program, he/she will be required to comply with the following:

- a) wear a safety-approved bicycle helmet (provided) for the duration of the ride
- b) wear the harness safety belt for the duration of the ride
- c) cooperate with the rider

I understand that despite the fact that all riders have been trained to ensure a safe and enjoyable ride, there is a risk of injury or death associated with participating in the program. I, myself, or on behalf of my loved one, accept this potential for injury and assume all risks, dangers and hazards, including the possibility of personal injury, death and/or harm resulting from participation in this program.

The undersigned hereby personally and/or on behalf of _____
(name of resident/client), in his/her own capacity or in his/her capacity as Attorney for Personal Care/Substitute Decision Maker releases McCormick Home/McCormick Dementia Services, its administration, staff and volunteers from any and all claims and responsibility for any and all harm that might occur to _____(name of client), and any and all damages and/or liability that may be caused or incurred as a consequence of its or his/her compliance with this request and I hereby agree to indemnify and save harmless McCormick Home/McCormick Dementia Services, its administration, staff and volunteers for any such damages and/or liability by it/them.

Client Signature (if applicable)

Date

Name of Attorney for Personal Care/Substitute Decision Maker

Signature of Attorney for Personal Care/Substitute Decision Maker

Relationship to Client

Name of Client

Name of Witness

Signature of Witness