



Passenger Application

Title: _____ First Name: _____ Last Name: _____ Nickname: _____

DOB: _____ Email: _____ Phone: _____

Address: _____

Emergency Contact Name _____ Relationship _____

Email: _____ Phone: _____

Mobility status Independent Walking stick Walking frame Wheelchair

Can stand up and sit down unassisted Requires or wants company of Carer/Companion

Any additional assistance required:

eg Hearing, sight, memory, communication

Anything else you think we should know:

eg NFR [Not for resuscitation] Oxygen use

Photography and Video

Whilst participating in a Riding with Olivia Trishaw activity, do you consent to being:

Photographed? Videoed? If so, please tick below to indicate where we may publish:

Newspapers Newsletters Websites Magazines Social media eg Facebook

OK to publish your name? Would you prefer a made-up or no name? _____

Which methods can we use to contact you: Email Telephone Text Post

Data Protection

The information you have provided above will be kept by Riding with Olivia and stored on our database. It will be treated with the strictest confidence and will not be shared with a third party without your explicit consent unless we have a statutory obligation to do so. If you require access to this information at any time, you can ask to see it.

To comply with NZ Privacy Act, do you consent to having your personal information on our database?

You can withdraw consent for us to hold the information at any time by emailing info@ridingwitholivia.nz or by post to Riding with Olivia, PO Box 31389, Lower Hutt 5040.

I am applying as Passenger - Please also complete Page 2 only.

I am Legal Guardian/POA for Passenger - Please also complete Page 3 only.

Riding with Olivia Details

- Registered Name: Cycling Without Age Lower Hutt Charitable Trust
- Incorporated Charitable Trust No: 50132532
- Registered Charity No: CC60779
- IRD No: 137-681-137 (approved Donee for tax deductions)
- Bank account: Cycling Without Age Lower Hutt 01-0530-0551141-00
- Website: <https://www.ridingwitholivia.nz> Email: info@ridingwitholivia.nz

Passenger Confidentiality and Application Agreement [for competent Passenger]

I,..... have received, read and understand the Riding with Olivia Passenger Handbook, and agree to abide by the procedures listed therein and I attest that all of the

information I have provided herein is accurate and complete. I understand and agree that acceptance into the programme is entirely at the discretion of the Riding with Olivia Coordinator.

Passenger Waiver of Liability

I, the undersigned, am the Passenger named herein taking part in the Riding with Olivia programme as a passenger.

- I have read and understand the Riding with Olivia Passenger Handbook and agree to comply with the rules for passengers therein.
- I understand and agree that there may be inherent risks associated with participation in this activity, that my participation is voluntary and that I am physically fit enough to participate in the activity.
- I accept all responsibility for my participation including the possibility of personal injury, death, property damage of any kind notwithstanding that the injury, loss may have been contributed to or occasioned by the negligence of Riding with Olivia and its coordinators, officers, directors, employees, members, volunteers, agents, assigns, legal representatives and successors.
- I acknowledge that cover may be available under The Injury Prevention, Rehabilitation and Compensation Act 2001.
- I do hereby indemnify and hold harmless: Riding with Olivia and its coordinators, officers, directors, employees, members, volunteers, agents, assigns, legal representatives and successors and any and all business associates and partners involved in the above noted activity and each of them, their owners, officers and employees hereby waiving all claims for damage now or in the future arising from any loss, accident, injury or death which may be caused by or arise from participation of the individual named herein during this event; and agree to assume all risks for the activity noted above that the individual named herein has agreed to participate in.

By ticking this box and submitting this application, I acknowledge that I am over the age of 18 and have had sufficient time to read and understand this waiver. I have had the opportunity to seek my own legal advice and I understand and agree to the conditions stated in this document and agree that they are binding on my heirs, next of kin, executors, administrators, and successors.

Passenger: Name:..... Phone No.....

Date:

COVID-19 PROTECTION

If you feel unwell with flu or Covid symptoms at the time of your scheduled ride, please advise us and re-schedule to at least a week after you feel better.

Informed Consent by Legal Guardian or Power of Attorney [For Passenger requiring POA]

Passenger Name:

I, the undersigned, attest that I am the Legal Guardian/Power of Attorney of the person named herein taking part in the Riding with Olivia Programme as a passenger.

- I have read and understand the Riding with Olivia Passenger Handbook and agree to compliance with the rules for passengers therein.
- I understand and agree that there are inherent risks associated with participation in this activity, that the named individual's participation is voluntary and that he/she is physically fit enough to participate in the activity.
- I accept all responsibility for the named individual's participation including the possibility of personal injury, death, property damage of any kind notwithstanding that the injury, loss may have been contributed to or occasioned by the negligence of Riding with Olivia and its coordinators, officers, directors, employees, members, volunteers, agents, assigns, legal representatives and successors.
- I acknowledge that cover may be available under The Injury Prevention, Rehabilitation and Compensation Act 2001.
- I do hereby indemnify and hold harmless: Riding with Olivia and its coordinators, officers, directors, employees, members, volunteers, agents, assigns, legal representatives and successors and any and all business associates and partners involved in the above noted activity and each of them, their owners, officers and employees hereby waiving all claims for damage now or in the future arising from any loss, accident, injury or death which may be caused by or arise from participation of the individual named herein during this event; and agree to assume all risks for the activity noted above that the individual named herein has agreed to participate in.

By ticking this box and submitting this application, I acknowledge that I have had sufficient time to read and understand this informed consent. I also agree to the above conditions and allow the individual named herein to participate in the programme. I understand that the conditions are binding on my heirs, next of kin, executors, administrators and successors.

Legal Guardian/Power of Attorney: Name: Phone No.

Date:

COVID-19 PROTECTION

If you and/or your named passenger feel unwell with flu or Covid symptoms at the time of your scheduled ride, please advise us and re-schedule to at least a week after you and/or your named passenger feel better.