



Louisville Passenger and Volunteer Handbook





Dear future passenger, community participant or Volunteer,

Welcome to Out and About Kentuckiana's (OAK) Cycling Without Age Program. It is our hope that by utilizing this service you will be able to get outside for a slow bike ride, enjoy some fresh air and sunshine, meet new people and enjoy getting out into the community.

This Passenger Handbook outlines important program guidelines and procedures. Please read this handbook carefully, and ensure you understand and agree to abide by the guidelines listed herein. By signing the final page of this guide you declare that you have read and understand these guidelines and procedures and will abide by them.

Once you have reviewed this handbook and signed the waiver at the back, you will be able to sign up for rides through your facility or through the OAK office. We hope you enjoy this new program and enjoy feeling the wind in your hair again!

Sincerely,

Cycling Without Age, Louisville
Out and About Kentuckiana, Inc



Cycling Without Age - Canmore Passenger Handbook

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1. Program Administration

1.1. Out and About Kentuckiana, Inc (OAK)

The OAK office is responsible for volunteer pilot and passenger screening, record keeping, ride booking for seniors in the community, volunteer recruitment and appreciation, along with program advertising and promotion. OAK and its trained representatives will train all volunteers.

1.2. Facility

Hallmark House, other agencies and facilities participating, and OAK are responsible for the referral and promotion of Cycling Without Age to their residents, completion of passenger application and waiver forms, as well as passenger sign up for rides.

2. Passenger Guidelines

2.1. Passenger Criteria

Volunteer pilots provide recreational bike rides, and do not provide rides for appointments or errands.

Hands and Arms must be kept within the trishaw

Passengers must be able to get themselves in and out of the trishaw. Volunteers will only lend a hand for support. Any passengers that require more assistance must have a facility staff or volunteer member, family member or companion assist them in and out of the trishaw. Those passengers that require this level of assistance must remain in the trishaw for the duration of the ride.

Passengers must be able to sit up unassisted. The trishaw is equipped with a lap belt, but not a harness.

Passengers who initially meet these conditions but find their condition deteriorates after a time will be subject to a review of their suitability for the Cycling Without Age Program. In special circumstances it may be necessary for The Passenger's medical doctor to release the client as safe to participate, by signing a Medical Release Form. This form will be provided as needed.

2.2. Releasing Passengers



The Louisville Cycling Without Age Program/ OAK reserves the right to review a passenger's suitability for the program at any time.

3. Ride Procedures

3.1 Availability

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Passengers will sign up through their facility – or by calling (502) 548-4103. While the facilities and OAK office will work to ensure that all passenger requests are met, the availability of rides is based on the availability of the programs volunteer pilots and trishaws. Rides may be unavailable at times.

3.2 Companions and Helpers

Occasionally passengers may have a helper, companion, family member, facility staff member or volunteer accompany them on a ride. Additional passengers must sign a waiver form before being taken on the trishaw. If there is not enough room in the trishaw for the companion, they may ride along on their own bicycle, and must complete a waiver.

3.3 Ride Times

Rides including additional stops will be approximately 30 min to 1 hour long and shall not exceed 1.5 hours. Rides may be cut short due to weather, mechanical failure of the trishaw, or at the senior or facilities request.

3.4 Cancelling Your Ride

If you need to cancel your ride, let your facility know with as much notice as possible. If you booked your ride through OAK call the Program Coordinator at (502) 548-4103.

3.5 Seatbelts

Passengers must wear seatbelts at all times while in the trishaw.

3.6 Helmets

ARE REQUIRED for anyone on the trishaw. Helmet requirement for passengers can be waived with a note from the passenger's doctor.



3.7 Additional Stops

Permitted stops along the ride include parks/playgrounds, along the river, etc., along with coffee and ice cream shops.

Cycling Without Age is not intended to be a transportation Program therefore, stops are not permitted for appointments or errands.

3.8 Home Pick Up

Occasionally volunteer pilots may pick up a senior from their house. Volunteers will not enter a passenger's home. It is requested that passengers are ready prior to their pick-up time and able to get themselves to the trishaw in a timely manner.

3.9 Smoking

Smoking is not permitted by passengers or pilots at any time on the trishaw.

10. Weather

In the case of inclement weather, the ride will be cancelled. This is at the discretion of the pilot, passenger and facility. Passengers will be contacted by their facility or the OAK office if the ride is cancelled.

3.11 Wildlife Encounters

Wildlife encounters may occur during trishaw rides. Pilots will attempt to keep a safe distance from wildlife or unsecured dogs and will carry animal deterrent spray.

3.12 Mechanical Failure & Accidents

In the case of a mechanical failure of the trishaw during a ride, if it is not something that the pilot can quickly fix, the pilot will take the following steps:

- call the OAK office and the facility you are riding from to alert them
- call the facility or a cab company for a pick-up to take you and the passenger back to originating location. You cannot call a private individual to transport a participant, unless they are approved/ established program volunteers.
- if the trishaw is on a path that a cab cannot get to, the volunteer pilot will assess the passengers ability to walk to an area where a cab can reach or call the Fire Department

4. Grievance Procedures

4.1 Pilot Initiated

If a pilot has any problems during the course of their ride they are asked to contact the OAK Program Coordinator immediately following the ride with details of the incident. The OAK Program Coordinator will work with the pilot and passenger(s) and/or agency staff involved in the incident to ensure a satisfactory resolution. A record of the incident and resolution will be placed in the pilots file and attached to the passenger's application/waiver, and be provided to the facility if applicable.

4.2 Passenger Initiated

If a passenger or designate has any problems during the course of their ride, they are asked to contact the OAK Program Coordinator immediately following their ride with details of the incident. The Coordinator will work with the passenger(s), pilot and/or agency staff involved to ensure a satisfactory resolution. A record of the incident and resolution will be placed in the pilots file and attached to the passenger's application/waiver and provided to the facility if applicable.

5. Confidentiality

A. Principles of Confidentiality

During the course of volunteering, a pilot or passenger may acquire information that, while voluntarily shared, is privileged information. All pilots and passengers will:



- a. Be made aware during intake of the principles of confidentiality by which they must abide.
- b. Treat all personal information regarding any passenger/pilot, whether read, overheard, observed or told directly, as confidential.
- c. Treat all information gathered while participating in Cycling Without Age as confidential, not only for the duration of the volunteer's service/use of services, but indefinitely after service is completed.

B. Limits of Confidentiality

Pilots and passengers will, where appropriate, ensure to the best of their ability that program users are made aware of the limits of confidentiality.

- a. Confidential information may be shared with OAK staff for the purpose of guidance, debriefing or referral without the consent of the passenger.
- b. Confidential information will be shared with OAK staff and/or appropriate authorities (i.e., Police, family members) upon disclosure of abuse, self-harm, or intended self-harm without the consent of the passenger.
- c. Pilots and passengers are encouraged to always use their best judgment and err on the side of caution.
- d. Confidential information regarding passengers and pilots may be shared among OAK staff for the purposes of maintaining the integrity of the Cycling Without Age. All information and stories learned about any passenger will not be disclosed to entities outside OAK or Cycling Without Age.
- e. Any indications of abuse are legally required to be reported, Call OAK office for further instruction or call APS directly at 1-877-597-2331.

C. Confidentiality Contracts

- a. As part of the application process, Pilots and passengers will sign a confidentiality contract upon entry into the program. The pilot and passenger confidentiality contracts state that the pilot or passenger understands and agrees to abide by the principles and limits of confidentiality outlined herein.



- b. All agents of Out and About Kentuckiana Inc and persons involved with implementation of the Cycling Without Age program will sign a confidentiality contract and abide by limits outlined.

D. Permission to Use Photograph

- a. I grant to OAK and Cycling Without Age, its representatives and employees the right to take photographs of me and my property. I authorize Cycling Without Age, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Cycling Without Age may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.



Passenger Application

Date: _____

Contact Information

Name: _____ **Sex:** M / F

Date of Birth: _____ **SSN** _____

Address or Facility:

City: _____ **Postal Code:** _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____ **Phone:** _____

Relationship: _____



The personal information being collected herein is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, R.S.A. 2000 Chapter F-25; Section 33(c). If you have any questions regarding the collection and use of this information please contact Out and About Kentuckiana, Inc. (502) 548-4103



Confidentiality, Consent to Photograph and Application Agreement

I, _____ **the participant or volunteer**, have received, read and understand the Cycling Without Age Passenger and Volunteer Handbook, consent to photograph, and Confidentiality guidelines, provided by Out and About Kentuckiana, Inc. (OAK) 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 program is entirely at the discretion of the OAK Cycling Without Age Program Coordinators.

I, _____ **the volunteer**, do hereby understand and acknowledge that during my tenure as a volunteer with Out and About Kentuckiana, Inc, I may learn information from participants that are not generally known to the public. I, the volunteer, do hereby agree that during my tenure as a volunteer with OAK and all times thereafter, I will not disclose or use such information outside of the scope of my volunteer service

Waiver of Liability

I the under signed, am the passenger/volunteer named herein voluntarily taking part in Out and About Kentuckiana's Cycling Without Age, Louisville Program as a passenger or volunteer companion/pilot.

- I understand and agree that there are 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 Out and About Kentuckiana, Inc and its officers, directors, employees, members, agents, assigns, legal representative and successors. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, and agree to bear any costs of such injury or damage.
- I do hereby indemnify and hold harmless Out and About Kentuckiana Inc, PO box 175 Prospect KY 40059 and its officers, volunteers, directors, employees, members, 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. I, the volunteer, understand that Out and About Kentuckiana, Inc does not assume any responsibility for obligation, presently or that may hereafter arise, to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of injury, illness, death, or property damage. I expressly waive any such claim for compensation or liability.

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

Signed this _____ day of _____, 20____

Participant Name: _____ Phone # _____

Participant Signature: _____

Witness Name: _____

Witness Signature _____

Informed Consent - Waiver of Liability

Participant Name: _____

I the under signed attest that I am the Legal Guardian/Power of Attorney of the person named herein taking part in the OAK, Cycling Without Age Program as a Passenger.

- I understand and agree that there are inherent risks associated with participation in this activity, that participation is voluntary and that the participant is physically fit enough to participate in the activity.
- I accept all responsibility for their 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 Out and About Kentuckiana, Inc PO Box 175 Prospect KY 40059 and its officers, directors, employees, members, agents, assigns, legal representative and successors.
- I do hereby indemnify and hold harmless Out and About Kentuckiana, Inc its officers, directors, employees, members, 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.

My signature acknowledges that I have had sufficient time to read and understand this informed consent. By signing it I agree to the above conditions and allow the individual named herein to participate in the activity named. I understand that the conditions are binding on my heirs, next of kin, executors, administrators and successors.

Signed this _____ day of _____, 20____

Legal Guardian/Power of Attorney/ Name: _____
(print)

Signature: _____ Phone #: _____
(Legal Guardian/Power of Attorney)

Witness Name: _____ (print)

Witness Signature: _____