



Cycle of Service

A Bike Ride Across Alabama

Registration Check List

By filling out this application, you take the first step in an incredible journey. Use care and prayer as you fill it out, but by all means fill it out and get yourself signed up! We are eager to have you on board. The application consists of six sections. Note that your spot is not reserved until we have your registration fee:

Section: Completed?	√ below	Reminder to
1 – Basic information	_____	submit picture (email is fine)
2 – Registration Fee	_____	mail the check
3 – Chores – options & leadership	_____	
4 – Conduct agreement	_____	
5 – Fundraising designation	_____	
6 – Agreement & waiver	_____	
7 – Medical	_____	copy medical card

You may email materials to **cycle@arm-al.org** or fax **(334) 737-6909** or mail them to:

Alabama Rural Ministry
Attn: Cycle of Service
P.O. Box 2890
Auburn, AL 36831

Check out our website, www.cycleofservice.arm-al.org which has other information you will find helpful. We are excited that you are making the decision to be part of a service, faith and physical journey that you will remember the rest of your life. Welcome aboard!

Lisa Pierce
 Executive Director
 (334) 501-4276/(334) 332-8878-cell
lisa@arm-al.org

Part 1: Basic information

(Note: Name, City, State, Age, Start point, End point, Personal Fundraising Goal and About You will be used publicly as your profile on our website)

Name: _____ Email: _____

Address: _____ Phone numbers: (home) _____

City: _____ State: ____ Zip: _____ (cell) _____ (work) _____

Date of Birth: _____ Age: _____ Gender: _____

School or place of employment: _____

T- Shirt size: _____

Ride Options:

Three-Day Rides:

State line to State line including Century Rides (You do not have to ride every leg and can use the SAG support. Just track your mileage for your sponsors.)

____ Triple Century Challenge (300+ miles)

____ State line to State line (you have the option of being shuttled)- 250 miles

Two Day Rides:

____ Friday May 2 and Saturday May 3- 100 miles

____ Saturday May 3 and Sunday May 4- 88/112 miles

One -Day Ride: Freedom Riders Century

____ Start in Tuskegee and end in Selma- 100 miles

We will provide a shuttle back to Auburn for an additional \$20 to cover fuel

Virtual Rider: Will ride _____ miles locally or on a training bike

Personal Fundraising Goal:

2-3 day rides: please set a goal of \$1,200 or higher! \$ _____

Freedom Riders Century: \$65 registration only-sponsors optional

Virtual rider: please set a goal of \$4 to \$6 per mile or your sponsors can set a flat rate:

_____ X _____ = \$ _____

approximate # miles \$/mile personal fundraising goal

Special Considerations: (only for those riding with us)

Describe any special considerations (allergies, diet restrictions, etc.)

About You: Please share who you are and why you have decided to support Alabama Rural Ministry by participating in the *Cycle of Service*. Use the space on the next page or more if needed. **Remember, we may use this publicly as your profile on our website.**

Profile Picture:

Please email a picture to cycle@arm-al.org for use publicly on your rider profile.

Part 2: Registration Fee

Registration is \$65 and includes a t-shirt, an ARM water bottle and other goodies. (You are responsible for the rest of your clothing). Jerseys will be available by order

Your **non-refundable** registration fee serves as your commitment to participate. As such, **you are not considered registered until the fee is received.**

Early Bird Deadline is March 1st- You will receive a complimentary jersey!

Registration Deadline is April 15th

Part 3: Chore options and leadership

(for those on the journey more than one day)

In a team setting, it is helpful to organize and set out responsibilities to help our moving parts move. Riders will be assigned to a chore team that will rotate daily between combinations of various tasks, such as setting out breakfast or lunch, packing the trailer each morning, etc.

Chore team leaders play an important role not only in carrying out the chores, but also in looking out for the other riders on his/her chore team throughout the trip. On this trip, leadership means servant leadership. If you are interested in being a chore team leader, please indicate by placing an **X** on the line: _____.

To help match **individual gifts** to trip needs; you also have the option to request to do the following tasks continually instead of being on a rotating chore team. If you are interested, please check the appropriate line, and we will be contact you to discuss further.

- _____ Dinner preparation and clean-up
- _____ Finalizing the rider route and preparing maps for the team
- _____ Photo/video/blog guru (Help sort, select and upload best photos, ideally put together a trip video using various video clips and photos and help moderate the blog.)

Part 4: Cycle of Service Conduct Covenant

Riders of the Cycle of Service serve as important goodwill ambassadors for the work of ARM. In order to foster positive, Christ-honoring relations amongst/within our team as well as between our team and those whom we meet, we have put together this conduct covenant. It outlines not only the behavior expected of you, but also the behavior you should expect from every other volunteer during your time with us.

I pledge to follow and uphold the word and spirit of this covenant to the best of my ability:

- I will treat all neighbors, homeowners, partner families, volunteers, employees, visitors, hosts, and walkers with respect and courtesy, seeking to be loving and just in my interpersonal relationships.
- I will follow ARM safety instructions on the worksite and while walking.
- I will respect the instructions of ARM staff members or other supervisors.
- I will not bring or consume alcohol on the worksite, at host sites, or while riding. I will not participate in drunkenness, use of drugs, riding under the influence of alcohol, or other illicit behavior.
- I will seek to maintain a positive attitude, giving input and constructive criticism as appropriate but minimizing complaining and eliminating whining.
- I will participate or attend designated group activities, such as group meetings, prayer before meals, chore times, time with our hosts, group presentations, group devotions, etc.
- I understand that simple meals and basic accommodations is part of the adventure, and I will seek to make the best of every situation.
- I will seek to leave every space (church host, rest stop, etc.) as good as or better than we found it.
- I will honor God and be respectful to others with the use of my speech by eliminating out-of-place or threatening language such as crude conversations or profanity, racial slurs, and sexually explicit or suggestive conversations.
- I will respect and control my own sexuality and respect the sexuality of others.
- I will encourage and be inclusive with other riders, recognizing each of us as parta of one body and one team.

I have read and understand the volunteer conduct agreement and agree to abide by the letter and spirit of the agreement to the best of my ability, with God's help.

Volunteer Signature

Date

Part 5: Fundraising designation and sponsorships

Our group fundraising goal is \$25,000. If every member of the team puts in the effort and does all they can, we can reach our goal. Download the “**Fundraising Packet**” on our website for helpful advice and tools. (Also found in the Rider’s Manual)

Fundraising Levels:

Determine your fund-raising goal and check the appropriate line based upon how long you are riding:

I’m Riding 2-3 days: \$65 registration and set a goal of raising \$1,200 _____

I’m Riding 1 day: \$65 registration (sponsors optional) Yes, I will get sponsors and raise an additional \$_____

- The pledge sheet for donations is found in the Rider’s Manual and Fundraising Packet

\$65 registration includes a t-shirt, water bottle and goodies!

Money raised is due by May 15, 2014.

Thank you for your commitment and your willingness to ride, serve and share.

Part 6: Agreement and Waiver

Alabama Rural Ministry

Cycle of Service

Participant's Full Waiver, Release, Warranty and Agreement

FORMAL RELEASE OF ANY AND ALL LIABILITY

I fully assume all risks associated with my participation in the event. Further, I fully release and discharge without limitation Alabama Rural Ministry (ARM) and their employees, directors, agents, volunteers, officers, and co-ventures, from any and all actions, claims, or demands for damages or any other form of relief of any type, whether known or unknown, present or future, and regardless of the legal theory or claim for relief, that in any respect arise from or in any way connect with my participation in any ARM Cycle of Service event(s) ("COS" or "Event"). The foregoing release and discharge is binding upon me personally, my agents, any sponsors, assigns, my medical providers, heirs, executors/administrators, family members and any person or entity with any form of interest in my estate. I covenant not to bring any form of claim or action against ARM or COS for a matter having any form of connection with the Event. I further specifically release ARM and COS for any acts of negligence in connection with the Event. I understand that my participation in the COS is a potentially hazardous activity that can result in serious bodily injury, including permanent disability, paralysis, and death from a wide variety of matters that may arise in connection with the Event, known and unknown, predictable and unpredictable, and that injury and illness can result to me and others from matters in-connection with the Event that are not normally deemed to be potentially dangerous activities.

I understand that ARM reserves the unlimited right in its sole discretion to deny or cease my participation in a COS event at anytime before or during the trip. In exercising its unlimited discretion to refuse or cease participation, ARM will consider the following grounds: inaccurate or incomplete applications; skills, physical or medical conditions that may affect effective participation; violation of any ARM and COS conduct policy; disrespect shown to the leaders of the COS; behavior deemed by COS in its sole discretion to be dangerous or detrimental to myself or other participants or any other way detrimental to the best interests of ARM, COS and the event. I further understand that in the case of my withdrawal or expulsion from the trip, my fundraising balance and registration fee will be considered a donation to ARM and will not be refunded.

I agree that I will not participate in the COS unless I am medically able to do so and unless I am properly trained.

I warrant to ARM and COS that I am medically able and properly trained in participating in the Event. I warrant that I am aware of and assume all risk associated with riding long distances, including but not limited to injuries or death related to tripping and falling, psychological issues, slick pavement, broken traffic laws, actions or lack of action by other riders, motorists, personal inexperience or ability, improper or inaccurate instructions from trip leaders, and other risks or causes of injury. I accept the risk that other Event participants and ARM or COS actors may not have some skills or knowledge and that I can be injured as a result.

I understand that the COS is not just a cycling event, but there are other risks that might be associated with my participation, including but not limited to risks related to volunteer work projects with ARM or its partner organizations, improperly cooked food, injury resulting from cooking or from being in proximity with others cooking, driving or being driven in motor vehicles, loss or accidental sharing of medical information, **I assume and am responsible for all risk, as set forth above, associated with the COS.**

I understand that I need to have my own health insurance while on the trip. I further agree to undergo any needed or recommended medical treatment in the event of accident, illness or medical or other condition during an COS event. It is my responsibility to inform ARM of any changes in my medical condition before the tour begins. Failure to meet any of the above conditions may result in my dismissal from the trip. In addition, I hereby grant and convey unto ARM and the Event all right, titles, and interest in any writing, picture, or audio/video recording made by or in connection with ARM or the Event, to be used as the Event and ARM sees fit, including but not limited to any royalties, proceeds, or other benefits derived from such writings, pictures, or recordings.

I HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE VOLUNTARILY AND WITHOUT DURESS GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT AND HAVE AGREED TO 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. I WARRANT I AM NOT UNDER THE INFLUENCE OF ANY IMPAIRING SUBSTANCE WHILE SIGNING THIS AGREEMENT AND THAT I WILL NOT USE OR CONSUME ANY IMPAIRING SUBSTANCE DURING THE EVENT.

Applicant's Signature

Date

Parents and Guardians Signatures (if under 18)

Date

Part 7: Medical Release Form (Required)

General Information (required)

Name: _____ DOB: __/__/____ Citizenship: _____

Permanent Address: _____

City: _____ State: ____ Zip: _____ Home Phone: () _____ - _____

Emergency Contacts:

1. Name: _____ Relation: _____ Phone: () _____ - _____

2. Name: _____ Relation: _____ Phone: () _____ - _____

Name of Primary Physician: Dr. _____ Phone: () _____ - _____

Medical Insurance Carrier: _____ Policy Number: _____

****Please include on a separate sheet of paper a copy or scan (front & back) of your medical insurance card (required).***

7B. Participant Agreement (required)

I understand that Alabama Rural Ministry, Inc. (“ARM”) reserves the right to restrict my participation if deemed to be unsafe or medically inappropriate, but that ARM is not responsible for determining whether or not I am fit to participate. I warrant that I am medically able to participate in the Alabama Rural Ministry Cycle of Service and that I am unaware of any medical condition that could potentially limit my participation. I agree that I will not participate unless I am medically able to do so, and I understand that the responsibility for determining whether I am in condition to participate falls upon me, not ARM. I further agree to undergo any prescribed medical treatment in the event of accident or illness during an event of ARM. I also understand that it is my obligation and responsibility to have a physical examination if needed to determine if I have any medical condition that might potentially limit my participation, and that it is not the responsibility or obligation of ARM to verify my medical condition. It is my responsibility to inform ARM of any changes in my medical condition. Failure to meet any of the above conditions may result in my dismissal from the ARM Cycle Of Service.

I have read, understand, and agree to the above statement.

Applicant’s Signature Date

Parents and Guardians Signatures (if under 18) Date

Part 7c: Optional Medical Worksheet

The following worksheet may be helpful as you and/or your physician evaluate whether you are physically and medically able to participate in the ARM Cycle of Service. Since determining whether you are medically able to participate is solely your own responsibility and decision, **you are not required to return this form.**

If you bring it along or send in a copy, we will carry it with us throughout the trip should you need it.

Please check YES or NO for the following:

	YES	NO
1. Are you currently taking any prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently taking any non-prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you allergic to any insect sting, food, or plant?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any 'Yes' answers: _____

Please Check YES or NO for the following:

	YES	NO
1. Have you been hospitalized in the last five years? 1.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any surgery in the last five years? 2.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had cardiac problems? 3.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently or have you ever had an eating disorder? 4.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had blood sugar problems or diabetes? 5.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had a head injury in the last five years? 6.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had problems with vision or hearing? 7.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently suffering from any infectious disease? 8.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a psychiatric or mental illness? 9.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure or suffered from epilepsy? 10.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had asthma or respiratory problems? 11.	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you use an inhaler for asthma? 12.	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had high blood pressure? 13.	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had chest pain during exercise? 14.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever suffered from heat exhaustion? 15.	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you cough or breathe heavily during activity? 16.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been dizzy or passed out during exercise? 17.	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any breaks, sprains, or dislocations in the last 5 yrs? 18.	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you use orthotics, prosthetics, or braces? 19.	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any 'Yes' answers, or any other medical problems you have:

Indicate the date and update, if necessary, of your most recent immunization for:

- | | | | |
|----------------|---------|----------------|---------|
| 1. Tetanus | ___/___ | 4. Hepatitis B | ___/___ |
| 2. PPD | ___/___ | 5. Meningitis | ___/___ |
| 3. Hepatitis A | ___/___ | | |

To the examining physician: The Alabama Rural Ministry Cycle of Service is a 3-day long, cycling event. During the course of the event, the participant will average 80+ miles of riding per day (the longest leg being 115 miles) over a variety of terrain. This entails hours of moderate to strenuous activity per day, often in remote locations. Please give special attention to conditions that could be exacerbated by such strain.

Height: ____ft, ____ in. Weight: _____ Blood Pressure: ____/____ Pulse:

Vision: R-20/____ L-20/____ Both-20/____ Corrected: Yes / No

	NORMAL	ABNORMAL	COMMENTS
ENT	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Muscular-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Joints	<input type="checkbox"/>	<input type="checkbox"/>	
Dental	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	