



## The Fuller Center Bicycle Adventure Application for short term riders (3 days or LESS)

Hello interested rider,

We are excited for your interest in coming along for a part of the Fuller Center Bicycle Adventure. Filling out this application is the first step in what we think will be a challenging and meaningful day or few days for you. 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 along.

The application consists of four sections:

**Section:**

- 1 – Basic information
- 2 – Fundraising designation
- 3 – Agreement & Waiver
- 4 – Medical History & Agreement

Please submit via mail, email, or fax as soon as possible. You may fax materials to 229.924.2901, or mail them to:

The Fuller Center for Housing  
c/o Ryan Iafigliola  
P.O. Box 523  
Americus, GA 31719

You can also reach us electronically via our website ([www.fullercenterbiketrip.com](http://www.fullercenterbiketrip.com)) or through email at [bike@fullercenter.org](mailto:bike@fullercenter.org). You will want to become familiar with our website and to tell others about it as well so that they can follow our progress throughout the summer.

Congratulations on making the decision to be part of an exciting faith, service, and physical ride with a meaningful purpose. Welcome aboard!

In faith-filled partnership,

Ryan Iafigliola and Tony Woods  
Trip Leaders

**Part 1: Basic information**

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone numbers: (home) \_\_\_\_\_

Address: \_\_\_\_\_

(cell) \_\_\_\_\_ (work) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

School or place of employment:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

T- shirt size: \_\_\_\_\_ Jersey size: \_\_\_\_\_

Gender: \_\_\_\_\_

**Duration of your ride:**

Start point:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m. City & State: \_\_\_\_\_

End point:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m. City & State: \_\_\_\_\_

Estimated number of miles: \_\_\_\_\_

Personal fundraising goal (we recommend at least \$1-2 per mile): \_\_\_\_\_

Please choose the category that best describes your experience as a cyclist:

\_\_\_\_ Beginner – haven't seen a bike for years      \_\_\_\_ Intermediate – some rides 30+ miles

\_\_\_\_ Recreational – I ride around town a little      \_\_\_\_ Advanced – racing/touring experience

Optional Question:

Do you have any experience working with affordable housing groups or the homeless? If so, please share. Also mention if you happen to have any professional biking experience.

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**Part 2: Fundraising**

Our group fundraising goal is \$100,000. We need your help! All riders are expected to contribute to the fundraising aspect of the trip. Check out the “Fundraising Guide” and “Fundraising FAQ’s,” and you may also choose to utilize the “corporate sponsors” page on our trip’s website to help you gain corporate support. You should also download and use the Pledge sheet to track your fundraising.

Our recommendation is that you designate 90% of the funds locally and 10% to an international project, but you are free to designate the funds you raise however you would like. Each group has its own story, and you can read more on the Projects page of The Fuller Center’s website ([www.fullercenter.org](http://www.fullercenter.org)).

Please consider carefully and prayerfully where you would like to send the money you raise. If you prefer for us to send it wherever most needed, simply write “where most needed.”

**Fuller Center Covenant Partners**

**International**

- 1. Nepal
- 2. Nigeria
- 3. Cook Islands
- 4. Sri Lanka
- 5. El Salvador
- 6. Australia
- 7. Democratic Republic of the Congo
- 8. Republic of Congo
- 9. India
- 10. Peru

- 10. Florida's Nature Coast, FL
- 11. Greater Dallas, TX\*
- 12. Greater Atlanta, GA
- 13. Oklahoma City, OK
- 14. Benton Harbor, MI
- 15. Pottawattamie County, IA
- 16. Central Florida, FL
- 17. Webster Parish, LA\*
- 18. Kilgore, TX\*
- 19. Albuquerque, NM\*
- 20. Columbia, SC
- 21. Smyth County, VA
- 22. Denton, TX\*
- 23. Americus-Sumter, GA\*
- 24. Greater Twin Cities, MN
- 25. Boston, MA
- 26. Montana Highlands, MT
- 27. Central Indiana
- 28. Greater Columbus, OH
- 29. Springfield, KY
- 30. Greensburg, KS\*
- 31. Louisville, KY

**United States**

- 1. Suffolk, VA
- 2. NW Louisiana - Shreveport, LA\*
- 3. Chattahoochee Valley, AL\*
- 4. Spartanburg, SC
- 5. Bloomington, IL
- 6. Potomac Highlands, WV
- 7. Cusseta, GA\*
- 8. Black Belt, AL\*
- 9. Koinonia Farm, GA\*

\*Will visit on the bike trip

Please specify where you would like to designate your funds:

DESIGNATION 1: \_\_\_\_\_ % to here: \_\_\_\_\_

DESIGNATION 2: \_\_\_\_\_ % to here: \_\_\_\_\_



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

-I warrant to FCH and FCBA that I am medically able, and properly trained, that I know how to perform basic skills in participating in the Event (including but not limited to, operating bicycle gears, brakes, seat adjustments, quick releases, performing repairs to my bicycle in the event of damage that may occur during the Event, the rules of the road, and proper bicycle etiquette). I warrant I am aware of, and accept the risk that other Event participants and FCH or FCBA actors may not have such skills or such knowledge and that I can be injured as a result. **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 a FCBA event. It is my responsibility to inform FCH 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.

- I agree to wear a helmet at all times and use reflective mirrors or lights or other visual-enhancement-during-darker-hours equipment while cycling during the FCBA

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***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.***

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Applicant's Signature

Date

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Parent or Guardian's Signature (if under 18)

Date

## Part 4: Medical History and Agreement

**Applicant:** Please complete sections A-E.

**Physician:** Please review sections A-D, and complete section F.

### 6A. General Information

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 a photocopy (front & back) of your medical insurance card.*

### 6B. Medications & Allergies

Please check YES or NO for the following:

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

Please explain any 'Yes' answers: \_\_\_\_\_

### 6C. Medical History

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: \_\_\_\_\_

#### 6D. Medications & Allergies

Please indicate the date (MM/YY) of your most recent immunization for:

- |                |   |                |
|----------------|---|----------------|
| 1. Tetanus     | <u><i>Error! Not a valid bookmark self-reference. /</i></u> | 4. Hepatitis B |
|                | <u><i>Error! Not a valid bookmark self-reference. /</i></u> |                |
| 2. PPD         | <u><i>Error! Not a valid bookmark self-reference. /</i></u> | 5. Meningitis  |
|                | <u><i>Error! Not a valid bookmark self-reference. /</i></u> |                |
| 3. Hepatitis A | <u><i>Error! Not a valid bookmark self-reference. /</i></u> |                |

#### 6E. Participant Agreement

I understand that The Fuller Center for Housing reserves the right to restrict my participation if deemed to be unsafe or medically inappropriate. I agree that I will not participate unless I am medically able to do so. I further agree to undergo any prescribed medical treatment in the event of accident or illness during an event of The Fuller Center for Housing. It is my responsibility to inform The Fuller Center for Housing of any changes in my medical condition. Failure to meet any of the above conditions may result in my dismissal from the Fuller Center Bicycle Adventure.

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

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Applicant's Signature

Date