

Pillars Pedals Orientation – For Residents

Three Pillars has three trike bikes for residents to use. They are located in the Village on the Square B garage. After your orientation and form is signed, please enjoy at your leisure - ***grab and go!***

What training is required to use the trikes?

- Schedule a 15-minute meeting with a Three Pillars employee to learn about the trikes and where they're kept (call x7017 to schedule)
- Sign training and liability form

How long may I ride?

- 60-minutes. We've established this guideline out of courtesy to others who may want to ride.

When may I ride?

- During daylight hours
- On nice days (inclement days could create a safety issue)
- On a break or for leisure
- For an errand
- When you have a meeting or want to visit across campus

Where may I ride?

- On campus

What should I bring to ride?

- A helmet is required for resident riders. Bring your own or use one of ours.
- Your key or garage door opener to get back in the garage when you're finished riding.

How do I return a bike?

- Please return the trike to its original location when you're finished.

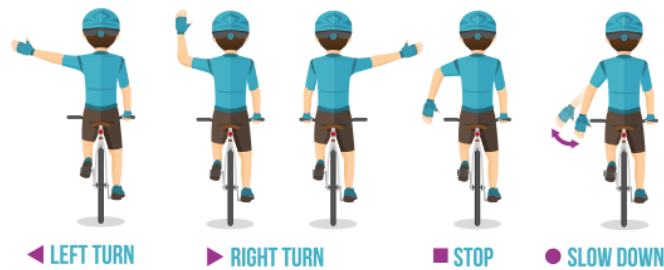
*Questions/concerns? Contact the Wellness Connection Manager at x7017 or
WellnessConnection@threepillars.org.*

See reverse for more information →

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GENERAL RESIDENT TRIKE BIKE & PROGRAM INFORMATION

- Make sure you are physically able to do the activity.
- Identify **resident trike bikes by the Pillars Pedals license plate.**
- Examine the bike. Make sure it's in working order.
- Position a preferred pedal so that it's parallel to the ground.
- Push down on the opposite raised pedal to start riding.
- Helmet is required, and eyewear (provided by rider) is recommended. We're happy to lend you a helmet. Spray it with sanitizer when done.
- **Always ring the bike bell when approaching pedestrians and other bikers.** A verbal "hello" or "passing on your left/right" will help alert those with diminished hearing.
- **Always approach others with control and pass slowly.**
- Use hand signals.



- Walk bike through **construction zones.** Review campus map and be familiar with the trail conditions. Gravel = walk the bike.

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PILLARS PEDALS ACKNOWLEDGEMENT OF TRAINING

Employee / Resident

I, _____, an employee/resident of Three Pillars Senior Living Communities, including Wisconsin Masonic Home, Inc. Masonic Center for Health & Rehab, Inc., and/or Village on the Square, Inc. (collectively "Three Pillars"), do hereby acknowledge and agree that:

- 1) I understand that Three Pillars has agreed to provide space, equipment, and programming for the use and personal convenience of its employees, volunteers, and contracted service providers to allow them to participate in voluntary wellness activities ("Activities").
- 2) I further understand and agree that Three Pillars shall have no other role or responsibility regarding any Activities. I acknowledge that my participation in any Activities is entirely voluntary and that I am allowed to engage in these activities only during my own non-work time.
- 3) I agree and acknowledge that my participation in any Activities is in no way be connected with my duties and responsibilities as a Three Pillars employee and shall not be considered as being in the course or scope of my employment. I acknowledge these Activities are private activities and are not part of the employment or contract services relationship I have with Three Pillars.
- 4) I have read, understand, and agree to the Liability Release and Assumption of Risk which I have also completed and signed.
- 5) I received Pillars Pedals training, I know how to ride a bike, and I will abide by Three Pillars safety requirements.

For Minors: I state that I am the Parent/Guardian of the Minor and have full authority, except as limited by law, to enter into this release and agreement.

Signature _____ Date _____

Print Name of Employee/Resident

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Three Pillars Wellness Connection Liability Release and Assumption of Risk

Masonic Center for Health & Rehab, Inc., in doing business as Three Pillars Wellness Connection (hereinafter sometimes referred to as "The Connection"), is a senior wellness facility consisting of fitness facilities, entertainment, social, and relaxation facilities, and fitness and athletic equipment and resources (together, the "Facilities"). I acknowledge that all fitness, athletic and recreational activities (together, the "Activities") CAN BE POTENTIALLY HAZARDOUS ACTIVITIES. I understand the mental and physical requirements necessary for such Activities and state that I have no medical condition or disability that prevents me from safely participating in such activities. I understand that the risks associated with these activities include, without limitation, theft of personal property, falls, body contact, collisions with objects and/or individuals, physical exhaustion, adverse changes in medical condition, skin and eye irritation, exposure to allergenic foods, burns that may result in property damage, personal injury and/or death. I acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before I engage in physical activity of the type offered by The Connection and periodically thereafter. I understand The Connection and its employees and agents are not medical professionals and any advice or information provided by the foregoing shall not be construed as medical advice. I understand that there may be no employees or attendants present while I use the Facilities. I also represent that any Activities, exercises or exercise techniques that I choose to utilize are strictly of my own selection and are not chosen in reliance upon any advice or representation of any agent or employee of the Connection.

I agree to: (i) adhere to all rules published by The Connection and to instructions and warnings issued by any personnel of The Connection with respect with my participation in any activity or the use of the Facilities or any portion thereof; (ii) act within the limits of my ability and/or physical condition; (iii) maintain control of myself, my guests, and the equipment which any of us may be using in connection with any Activity; (iv) at all times refrain from conduct which may cause or contribute to the injury or death of myself or other persons and/or to the damage or loss of any property and (v) refrain from using any piece of equipment with which I am not completely familiar.

In consideration of the opportunity to use the facilities and to participate in the Activities, I hereby assume all risks associated with my use of the Facilities. On behalf of myself, my heirs, personal representatives, assigns, agents, and attorneys, I further agree to and hereby RELEASE and agree to HOLD HARMLESS Masonic Center for Health & Rehab Inc., WisconsinMasonic Home, Inc., Village on the Square, Inc., its officers, agents, representatives, employees, subcontractors, volunteers, successors and assigns, from all claims, liabilities, damages, actions, and causes of action arising from or in relation to my use of the Facilities and/or my participation in Activities.

For Minors, I state that I am the Parent/Guardian of the Minor and have full authority, except as limited by law, to enter into this release and agreement.

I STATE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE. I WAS GIVEN THE OPPORTUNITY TO DISCUSS THIS RELEASE WITH MASONIC CENTER FOR HEALTH & REHAB, INC. I EXECUTED THIS RELEASE OF MY OWN ACCORD AND WITH FREE WILL.

I understand and agree to all provisions of this Liability Release and Assumption of Risk.

Signature _____ Date _____

Print Name of Employee/Resident

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