

2018

RIDE LEADER WORKSHOP



WELCOME TO THE 2018 CIBA Ride Leader Work Shop

C.I.B.A. Mission Statement:

To provide opportunities for bicyclists of all ages and abilities to ride their bicycles on safe, friendly, and well-organized rides; to be informed of bicycle events and related activities; to volunteer in support of CIBA and other bicycle-related organizations; and to socialize with other bicyclists.

The Ride Leader Workshop is intended to establish a set of standard operating procedures to ensure continuity of quality and expectations for all cyclists on all CIBA rides. These protocols are to be followed by any CIBA member who wishes to lead a CIBA ride. Ride Leaders are eligible to receive credits toward incentives at the CIBA Store.

AGENDA

- Reasons to Be a Ride Leader
- Safety and Insurance Concerns / Risk Management
- What Do You and Riders Expect?
- Group Dynamics
- Road Manners/Safe Rides and Safe Riders Ride Start
- Ride Leader Manual
- Form Review
- Route Planning Discussion

Reasons to be a Ride Leader

- Support the CIBA Mission Statement: Rides are what we do best.
- Plan a ride in an area that you know well or in an area where you want to ride.
- Host a ride of the same quality that you want others to host for you.
- Encourage other riders to join CIBA and share their friendship and skills with us.
- Satisfaction of doing your best and contributing to the cycling community.

SAFETY AND INSURANCE

- Safety starts with our attitude and commitment to host a Safe ride.
- Pre-ride meetings must convey that safety is job 1 for every cyclist and that a breach of ride etiquette by one rider may affect everyone in the group.
- Our behavior on the road sets an example for other riders and is observed by motorists and may influence future attitudes and actions upon the cycling community.
- Compliance with incident report forms and communications with Safety & Education Chair and Risk Management Chairperson is essential.
- Insurance: CIBA members may qualify for limited insurance coverage above their own personal insurance.

Certificate Of Insurance

Shows that
CIBA has
Insurance and
available to
schools/businesses
upon request.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McKay Insurance Agency, Inc. 108 East Main Street P O Box 151 Knoxville IA 50138		CONTACT NAME: Terri Van Ryswyk PHONE (A/C, No, Ext): (641)842-2135 E-MAIL ADDRESS: tvanryswyk@mckayinsagency.com FAX (A/C, No): (641)828-2013	
INSURED Central Indiana Bicycling Association C/O Pamela Hollick 9725 FORTUNE DR Fishers IN 46037-9047		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 15350

COVERAGES CERTIFICATE NUMBER: CL1811553400 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG OTHER:			0957362	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			0957362	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED. <input checked="" type="checkbox"/> RETENTION \$ 0			0957362	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hired Auto Physical Damage			0957362	01/01/2018	01/01/2019	Comprehensive Ded \$ 250.00 Collision Ded \$ 500.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Proof of Insurance

CERTIFICATE HOLDER Proof of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Sign-in and Release Form

Waiver is Necessary for participants to be covered by our insurance
And
 Serves to inform us who is on the ride and their emergency contact



Ride Name: _____ X-Long _____ miles
 Ride Date: _____ Long _____ miles
 Ride Leader: _____ Medium _____ miles
 Co-Leader _____ Short _____ miles
 Mentor(s) _____ X-Short _____ miles

Signing below, the rider agrees to the Consent and Liability Release printed on the reverse side of the sign-in sheet.

RIDER'S NAME <<PLEASE PRINT>>	RIDER'S SIGNATURE	EMERGENCY CONTACT NO. Do not list 911	CIBA MEMBER	PLANNED MILES
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Sign-in and Release Form

Waiver is Necessary for
participants to be
covered by our
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And
Serves to inform us who
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CONSENT AND LIABILITY RELEASE

In consideration of Central Indiana Bicycling Association, Inc. ("CIBA") permitting me or my minor child to participate in CIBA events or activities, I, the signatory on the front of this form, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following:

1. I understand that bicycling requires physical conditioning, and I represent that I am in sound medical condition, capable of participating in CIBA events, rides, and activities without risk to myself or others. I have no known medical impediment which would endanger myself or others. I agree that I will be solely responsible for the condition and adequacy of my bicycle, safety gear, and riding equipment. I will ride safely within the limits of my own abilities, my equipment, and the riding conditions, and in a manner so as not to endanger either myself or others.

2. I understand that my name, address, phone number, e-mail address, photograph, voice, and/or likeness may be used in promotional or advertising materials. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses.

3. I understand that bicycle riding is a potentially hazardous activity which involves risks, inherent and otherwise, known or unknown, that cannot be eliminated which may cause injury, illness, paralysis, or death to myself, other persons, and/or damage to property. I further understand that negligence of CIBA, including its officers, members, volunteers, and sponsors, or other risks associated with CIBA events or activities may cause injury, illness, paralysis, or death to myself, other persons, and/or damage to property. Some of the risks associated with CIBA events, rides, and activities include, but are not limited to, equipment failure, collisions with other riders, terrain, objects, or vehicles, and known or unknown medical conditions. I assume full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to the CIBA events, rides, and activities. Further, I am voluntarily participating in this activity with knowledge of the risks and fully accept and assume all risks related to or arising from CIBA events, rides, and activities.

4. Acknowledging that such risk exists, I PERSONALLY AND ON BEHALF OF MY MINOR CHILD, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE CIBA, ITS OFFICERS, OFFICIALS, MEMBERS, VOLUNTEERS, AND SPONSORS, and the officers, directors, employees,

representatives, agents, insurers, and successors of all the above (hereinafter individually and collectively referred to as the "Releasees") from any and all claims, damages, losses, actions, suits, proceedings, breach of contract actions, wrongful death actions, expenses, attorney fees, and liability that I, anyone on my behalf, my heirs, next of kin, or minor child might have for, or relating to, any injury, including death, to my person or that of my minor child or property suffered or claimed to have been suffered by me which arises out of or is related in any manner, either directly or indirectly, to my participation or my minor child's participation in any CIBA event, ride, or activity or my assistance at any CIBA event, ride, or activity, including but not limited to, any claim that the act or omission complained of was **caused in whole or in part by the negligence in any form of the Releasees.**

5. I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND in any action or proceeding Releasees against all lawsuits, losses, damages, actions, suits, proceedings, and expenses, including attorney's fees and costs arising from or relating in any respect to my, or my minor child's, participation in any CIBA event, ride, or activity, or my breach of this agreement, regardless of whether the act or omission complained of was **caused in whole or in part by the negligence in any form of the Releasees.** CIBA Volunteers have no duty to indemnify, defend, or hold harmless the Releasees.

6. This document is governed by the laws of the State of Indiana. If one or more portions of this document are found unenforceable, the remainder of the document will remain enforceable. If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement.

I have read and fully understand this Waiver and Release of Liability and Indemnity Agreement and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue CIBA or any of the Releasees. I have read this document and sign this document freely and willingly.

What do you and other riders expect from a ride?

- Safe route and surface conditions.
- Interesting scenery and low traffic volume.
- Well marked Dan Henrys and Maps.
- Accurate mileage and consistent cue sheets.
- Variety of distances (Short/Medium/Long/X-Long)
- Variety of start locations and sensible start times.
- Mentors available...”Ride Buddies”
- Well stocked, thoughtful SAGs
- Pre ride expectations and group call-outs

Where to find forms:

- Contained in ride satchel that is retrieved, along with water jugs, at designated bike shops to be accessible by Ride Leaders during their ride.
- On-line at Cibaride.org

Group Dynamics

- **Rest Stops are a key element of CIBA's weekend rides.** In addition to being a reliable source of water and food, these stops provide the chance to relax and meet up with other riders who may be riding at different speeds or overall distances. For these reasons as well as obvious safety concerns, rest stop locations should be carefully chosen.
- **Every Weekend Ride should also have another volunteer to serve as a mentor or "Ride Buddy" for new riders.** The mentor should arrive 30 minutes early to help greet new riders, and ride with the new riders to explain Dan Henrys, rest stops, "Car Back," and answer any questions about CIBA.

Safe Rides/Safe Riders

- **The pre-ride instructions are among the most important of your duties as a Ride Leader.**
- Review the ABCs and “Ride SMART”
- Drive your bike like a car.
- Encourage cyclists to smile, be courteous, and have fun.
- COMMUNICATE your intentions, verbally or with hand signals.
- Provide membership forms and/or refer to CIBA website if riders want to become members.
- Did you use an Online pre-registration process for your ride? If so, print preregistered data and place on clipboard.
- Participants to be made aware of need to report all injuries to the Ride Leader for completion of an incident report form.

ABC Quick Check

- A = Air
- B = Brakes
- C = Cranks and Chain
- Quick = Quick Releases
- Check = Check it over

Pre-Ride expectations

- Has everyone signed the waiver and completed the sign-in sheet with emergency contact information and expected ride distance?
- Verify that your tires, brakes, and drive train are in good repair. CIBA is a helmet advocate. You must wear a helmet to participate in our rides.
- Do not hesitate to call-out unsafe or unlawful actions by inconsiderate or unsafe riders. We are all ambassadors for a culture of safe-cycling.
- Introduce yourself to the riders around you
- Encourage and assist new riders.

Ride start...Send off

- Use verbal communications and/or hand gestures to indicate road hazards, changing traffic conditions, “Car-back”, “hole-left”, “Slowing”, “Stopping”, “left turn”.
- ALWAYS call out “On your left” when passing and never pass on right or swarm slower riders.
- If there is a crash please notify the ride leader and fill out an incident report.
- If there is an injury call 911 and notify the ride leader.
- SAG status reminders: times of operations and locations
- Roving SAG....Yes or No

Ride send off continued

- Long-fast riders group-up over here now...have a safe ride.
- Long-Steady riders group-up over here now. Anyone want a “Ride Buddy”?
- Medium-fast riders group-up. Anyone want a “Ride Buddy”?
- Medium-Steady riders group-up now. Does anyone want a “Ride Buddy”?
- Short route riders introduce yourselves. Does anyone want a “Ride Buddy”?