

FULL CYCLE
Bike Request Form

Walk N Roll's Pedal It Forward program helps get bikes to community members who experience barriers to bike ownership. Walk N Roll can provide a bike, helmet, lock, and lights once per year per individual. Bike availability may be limited depending on the size needed. Please return form and signed waiver to: walknroll@intercitytransit.com . Walk N Roll staff will get in touch to arrange a bike pick up appointment.

Name_____

Best way to contact (phone/email)

Height (for bike fit) _____

Mobility Considerations? This may include but is not limited to need for step-through frame:

Tell us where you plan to ride your new bike. Check all that apply.

I plan to ride my bike to:

- ☐ Work
- ☐ School, training program or other education opportunity
- ☐ Personal trips such as the grocery store, medical appointments, etc.
- ☐ Recreation (riding for fun!)



INTERCITY TRANSIT WALK N ROLL PROGRAM

ACKNOWLEDGMENTS, DISCLAIMERS AND RELEASE OF LIABILITY

In this document, "Recipient" includes the individual participating in Intercity Transit's Walk N Roll Program event, class, or activity and his or her parents, guardians, assignees, personal representative and heirs.

In consideration of being permitted to participate in the Intercity Transit Walk N Roll program, the Recipient makes the following acknowledgments, disclaimers and releases:

Recipient acknowledges all risks and dangers in riding a bicycle or scooter and assumes the risk from all such activities. If the individual participating in the Program is under 18 years of age, the individual's parent or guardian states that the individual is qualified, in good health and in proper physical condition to participate in the program. If the individual participating is 18 or over, that individual makes the same statement.

Recipient hereby fully and forever waives and releases any and all claims, liability, losses, demands, and damages against Intercity Transit, its agents, employees, volunteers, representatives, officials and insurers from any and all liability, which exists or may arise in connection with any activity carried out as part of the program. This includes, but is not limited to, all claims, liability, losses, demands, and damages arising from or in connection with any instruction given, any bicycle, scooter or other equipment supplied or given, any practicing of bicycle skills or operations such as a "bike rodeo", any bicycle trip taken, and any use of a bicycle or scooter as part of the class. This waiver and release includes, but is not limited to, any claim by Recipient against the School District or other organization for which the School District or other organization may claim reimbursement or indemnity from Intercity Transit.

I have read and fully understand this document. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or

assurance. I agree that if any part of this document is held to be invalid, the rest will continue in full force and effect.

If recipient participating in the class is under 18 years of age:

Participant's Name

Signatures of parents or guardians

Printed names of those signing

Addresses and telephone numbers of those signing.

Dates each signed.

If recipient participating in the class is 18 years of age or older:

Recipient Signature

Address and telephone number

Printed Name

Date Signed