



Bike Rehab Project Application to Receive a Bike at No Cost

Criteria

To be eligible for a bike you must meet the following criteria:

- Under 16 years old and not able to afford to purchase a bike on your own
or
- 16 or older, do not have access to reliable transportation, need a bike to get to work or school and not able to afford to purchase a bike on your own

Application Form

Name _____

Address _____

Cell Phone _____

Email _____

Gender (circle one) Male Female

Age _____

Height _____

IF 16 OR OLDER, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do You Have a Job (circle one) Yes No

If So, Where _____

Do You Regularly Ride To or
From Work in the Dark (circle one) Yes No

Do You Go to School (circle one) Yes No

If So, Where _____

Do You Regularly Ride To or
From School in the Dark (circle one) Yes No

Do you prefer to ride with or without
a bike helmet (circle one) With Helmet Without Helmet

How did you find out about this program: Friend, Internet Search, UP, Camp Haven,
The Source, Other: _____

Are You a Veteran (circle one) Yes No

By signing below you agree that if BWIRC provides a bike:

- In the event that you no longer need your bike, you will donate it back to BWIRC;
- If BWIRC offers you the opportunity to participate in a free bike safety class, you will attend the class unless it conflicts with work or school;
- You will be responsible for the ongoing maintenance of your bike;
- You will obtain a lock for your bike and keep your bike locked at all times; and
- You will do your best to ride safely and in accordance with Florida bike law.

If an adult (age 18 or older):

Signature _____

Date _____

If a minor (under age 18):

Minor's Name _____

Minor's Birthdate _____

Minor's Signature _____

Parent/Guardian
Name _____

Parent/Guardian
Signature _____

Date _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT (“Agreement”)

(Must be Signed Separately)

IN CONSIDERATION of receiving one or bicycles (the “Bicycles”) from Bike Walk Indian River County, Inc. (“BWIRC”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **BWIRC, Orchid Island Bike and Kayaks** and **United Against Poverty, Inc.**, and their respective administrators, directors, agents, officers, members, volunteers, and employees (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE relating to the Bicycles. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

If an adult (age 18 or older):

Printed Name _____

Signature _____

Date _____

MINOR RELEASE
(Complete for Bike Recipients Under the Age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND

CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Minor's Name _____

Minor's Birthdate _____

Minor's Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Return this Form To: John E Porta Jr
1400 27th Street
Vero Beach, FL 32960
772-564-9365 Ext. 215
john@upcenters.org

FOR INTERNAL USE

Date Bike Provided: _____ Serial Number: _____

Manufacturer: _____ Model: _____

Color: _____ Helmet Provided: None Sm Med Lg XL

Notes: _____