



Bike Rehab Project

Application to Receive a Bike at No Cost

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
- 16 years 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.

Name _____

Address _____

Cell Phone # _____ Email address _____

Gender (circle one) Male Female Age _____ Height _____

If 16 years old or older:

Have you previously used a bicycle as regular transportation (circle one)? Yes No

Do you have a job (circle one)? Yes No If so, where? _____

Do you regularly ride to or from work/school in the dark (circle one)? Yes No

Do you typically ride your bike with a helmet (circle one)? Yes No

Are you a veteran (circle one)? Yes No

By signing below, you affirm that you meet the criteria for receiving a bike and acknowledge that the Bicycle you receive has been rehabbed by volunteers, not professional bicycle mechanics and is received “as-is” with no guarantees or warranties, either expressed or implied. If you accept a bike from BWIRC, you agree that:

- In the event you no longer need your bike, you will donate it back to BWIRC,
- You will be responsible for the ongoing maintenance of your bike,
- You will maintain a lock and keep your bike locked,
- You will do your best to ride safely in accordance with Florida bike law,
- You will participate in the free bike safety training course provided by BWIRC.

Applicant’s Signature _____ Date: _____

If Applicant is a minor (under age 18), parent/Guardian signature is also required

Minor’s name: _____ Minor’s birth date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

(Required)
Referring Partner Organization: _____

Representative’s name: _____ Representative’s signature: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY,
AND PARENTAL CONSENT AGREEMENT ("Agreement")**

IN CONSIDERATION of receiving a bicycle (the "Bicycle") 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, BWIRC's referring organization, 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 of Bicycle Recipient _____

Bike Recipient 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 COMPLETED & SIGNED APPLICATION FORM TO:
bikerehab@bwirc.org**

FOR INTERNAL USE

Date bike provided: _____ Serial Number: _____

Manufacturer: _____ Model: _____

Color: _____ Helmet Provided: None Sm Med Lg XL

Notes: