



BICIS DEL PUEBLO EARN-A-BICI

Adult & Youth Participant Application

Participant Information:

Name: _____

Street Address: _____ City: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Ethnicity: _____ Gender: _____

Languages Spoken: _____

Name of Parent/Guardian Giving Child Permission *(req'd for youth participants under 18 listed above)*:

Number of people in household: _____ Monthly Household Income: _____

Ages of Children: _____

(This information is used to help us know if your children are also eligible for earn-a-bici)

Do you currently own a Bicycle? YES _____ NO _____

Do you know how to ride a bicycle? YES _____ NO _____

Please list any considerations we should know about. (Health issues, injuries, disabilities, etc.)

Please write a personal statement about your interest in Bicis Del Pueblo Earn-A-Bici:

DRAGON FORN



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My signature below certifies that:

- All of the above information is correct to the best of my knowledge
- I am 18 years old or older and meet the requirements for this program or am a guardian/parent giving permission for my child to participate
- I qualify under San Francisco's definition of low-moderate income household
- I understand that to be supplied a bicycle I must participate in workshops, bike builds, rides, and/or other BICIS related community activities
- I agree to complete a survey once I receive my bike
- I understand that once I receive the bike, that it is not under warranty

Medical Release and Release from Liability

Medical Treatment:

In the event I cannot respond, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my health.

Assumption of Risk:

I am aware of inherent and other risks involved in my participation in the program (including but not limited to, injury, death, or property damage) and I hereby assume any and all risks, whether known or unknown to me at this time, of injury, death and property damage that may result from my participation in the program. I understand that if something happens to my bicycle while it is being stored on the premises or while on a ride with Bicis Del Pueblo that they will not be liable to repair or replace it.

Release from Liability:

I hereby release Bicis Del Pueblo/PODER, its directors, officers, agents, representatives, volunteers, employees, and contractors from and against any and all claims, or damages arising out of or in connection with my participation in the program. This release includes, without limitation, any claims arising in negligence, advice on bike repair, or other.

Hold Harmless and Indemnity:

I hereby agree to defend, indemnify, and hold harmless Bicis Del Pueblo/PODER, its directors, officers, agents, representatives, and contractors from and against any claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or in connection with my participating in the program.

Acknowledgment:

I understand that Bicis Del Pueblo/PODER, its staff and all persons related directly or indirectly with the program assume no financial obligation or liability.

Photograph Permission:

I give permission for Bicis Del Pueblo/PODER to use, without limitation or obligation, photographs, film footage or tape recordings that may include my image or voice for purposes of promoting Bicis Del Pueblo programs.

Signature Applicant _____ Date _____

Print Name _____