

Reference Contact Information:

Please provide the names and contact information for three references whom you have known for at least two years, not related to you, who can verify for us your qualification for the Earn-a-Bike program.

Reference 1: _____ **Telephone #:** (____) ____ - _____

e-mail (if applicable) _____ **Relationship:** _____

Reference 2: _____ **Telephone #:** (____) ____ - _____

e-mail (if applicable) _____ **Relationship:** _____

Reference 3: _____ **Telephone #:** (____) ____ - _____

e-mail (if applicable) _____ **Relationship:** _____

All participants must sign below to signify agreement with the program terms and release of liability. Parents or guardians must sign for minors.

I/We, realizing no insurance coverage is provided for the participant, agree to assume all financial responsibility for any cost relating to any accident or injury that might occur while participating in the everybodyBIKE Earn-a-Bike program(s). Furthermore, I will hold harmless the Whatcom Council of Governments and EverybodyBIKE, The Hub, employees/volunteers or anyone otherwise involved in programs in the event of any accident or injury that might occur. I/we agree to wear approved and properly fitted helmets for all on-bike activities.

I hereby give the Whatcom Council of Governments and EverybodyBIKE the right to use photographs taken of me and/or my child(ren) while participating in the above activity(s) for reproduction in any medium for purposes of advertising, trade, display, exhibition, or editorial use.

By signing below, I agree to abide by the program rules. These rules include the steps to earn-a-bike listed elsewhere on this form and include rules and guidelines that will be explained in classes, printed materials, and in educational sessions with Bike Buddies and other representatives of everybodyBIKE. During the initial three-month loan period and any subsequent extensions I certify that:

- (1) I qualify as a low-income resident of Whatcom County for the purposes of this program;
- (2) I do not already own or have access to a functioning bicycle;
- (3) I will protect the bike from damage, theft, and unauthorized use;
- (4) I will use this bicycle for transportation at least three trips per week;
- (5) everybodyBIKE program may repossess the bicycle if I fail to abide by the program rules or for any other reason. In the event that the bicycle is stolen or damaged due to my negligence, I agree to remunerate The Hub for the estimated value of the bike.

SIGNED: _____ **DATE:** _____
Participant

SIGNED: _____ **DATE:** _____
Parent/Guardian of Participant if under 18

EverybodyBIKE Representative Signature: _____ **Date Received:** _____