



# RCT Wheels to Work Bike Grant Release & Waiver Form



Bike Distribution Date: \_\_\_\_\_

### Participant Information

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

### Program Eligibility

To receive a bicycle through this program, I certify that:

- I am **18 years of age or older**
- I **do not have access to a reliable vehicle**/bike
- I intend to use the Bike for **accessing RCT routes to get to work**

### Acknowledgment of Bike Receipt

I acknowledge that I am voluntarily accepting a bicycle (“Bike”) provided through a program administered by **Richland County Transit (RCT)** and the **Richland County Regional Planning Commission**. I understand that the Bike is a new one and being provided **free of charge** and **as-is**, with no warranties or guarantees, either expressed or implied.

### Assumption of Risk

I understand that riding a bicycle involves inherent risks, including but not limited to falls, collisions, and equipment malfunction. I voluntarily assume all risks associated with the use, operation, and maintenance of the Bike.

### Release of Liability

In consideration of receiving the Bike, I hereby release and hold harmless **Richland County Transit (RCT)**, the **Richland County Regional Planning Commission**, and their respective officers, employees, board members, partners, sponsors, and volunteers from any and all claims, liabilities, damages, or expenses arising from or related to:

- My use or misuse of the Bike
- Any injuries or damages incurred while using the Bike
- Any defects in the Bike, whether known or unknown

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### Safety Acknowledgment

I understand that:

- Wearing a helmet is strongly recommended
- I am responsible for ensuring the Bike is safe and properly maintained
- I should follow all local traffic laws and bicycle safety practices

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### No Transfer / Intended Use

I agree that the Bike is intended for my personal job-related transportation use and not for resale.

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### Follow Up Contact

I understand that RCT will contact me after 3 months and 6 months to ask what impact this bike giveaway has made on my ability to get to work.

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### Media Release (Optional)

I grant permission to **Richland County Transit (RCT)** and the **Richland County Regional Planning Commission** to use my name, image, and/or photograph for promotional or reporting purposes related to this program.

Yes       No (Answering No does not affect your award)

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### Participant Certification

I certify that I meet the eligibility requirements listed above. I have read and understand this Release & Waiver Form and agree to its terms.

**Participant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Staff Use Only

- Bike ID/Serial #: \_\_\_\_\_
- Condition at Distribution: \_\_\_\_\_
- Staff Initials: \_\_\_\_\_