



OfficeShare Bike Application & Usage Guidelines

This program is designed to promote cycling for commuting and errands. The SNTMA has 10 bikes for a pilot OfficeShare Bike Program.

1. Any SNTMA member company may apply to receive a bike under this program providing the company is a SOUTH NATOMAS TMA member.
2. Qualified applicants will be selected based upon a review of the application. *(Please note - due to the limited number of bikes, should the number of applicants exceed the available bikes, a drawing will be held to select the bike recipients. The drawing will include only those applications deemed eligible by program guidelines and the SNTMA.)*
3. Each member company that receives a bike will agree to host a lunch hour, Smart Cycling Clinic during the next May is Bike Month campaign. Smart Cycling Clinics held during the May is Bike Moth campaign are no cost to the employer. If the bike is received after May is Bike Month, the SNTMA asks that employees are referred to the resource section of the links page on the SNTMA web site to view the **Bicycle Safety Tips for Adults** video until the office can host a Smart Cycling Clinic.
4. Applying member companies must be willing promote the bike's availability to their employees and implement a system for the office to share the bike i.e. Outlook Calendar.
5. The SNTMA is not responsible for maintenance, storage or safety equipment for the bike once awarded to the member company.
6. Prior to receiving the bike, copies of all signed Participant Acknowledgement and Release forms must be on file with the SNTMA.

OfficeShare Bike Application

Company Name: _____

Commuter Coordinator / program contact person's name: _____

Work phone: _____ Work email: _____

Secondary contact person's name: _____

Work phone: _____ Work email: _____

1. Will your company host (at no cost to the company) a lunch hour, Smart Cycling Clinic during April or May for the employees in your office? YES NO
2. If your company receives the bike after the May is Bike Month campaign has concluded, will the Commute Coordinator and/or OfficeShare Bike contact person refer the employees to the SNTMA web site to view the video Bicycle Safety Tips for Adults before allowing the employees to use the bike? YES NO
3. How will your company promote the OfficeShare bike program? What system will be implemented for all office employees to share the bike? _____
4. What system will be used to ensure that each employee has signed the **Participant Acknowledgement and Release** form and the signed form is retained by the organization? _____

Signature of company representative submitting application: _____



Participant Acknowledgement & Release

(to be signed by participant)

I have read the South Natomas Transportation Management Association (hereinafter, "SNTMA") OfficeShare Program (hereinafter called "Program") rules and laws relating to operating a bicycle, and know of no reason that I should not participate in the Program. If accepted to participate in the Program, I agree to follow applicable laws and ordinances relating to operating a bicycle and the rules of the Program, and to abide in any SNTMA decisions relating to the Program. I know that participation in the Program and its athletic activities is a privilege, not a right. I know of the risks involved in bicycling activities, understand that serious injury and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own insurance, training, equipment, safety and welfare while participating in the Program, with full understanding of the risks involved. I am at least 18 years of age at the time I am signing this Acknowledgement and Release. **I HEREBY RELEASE AND HOLD HARMLESS SNTMA (INCLUDING ITS STAFF, VOLUNTEERS, AGENTS AND ANY ASSOCIATED EVENT OFFICIALS) OF ANY AND ALL RESPONSIBILITY AND LIABILITY FOR ANY INJURY OR CLAIM RESULTING FROM PARTICIPATION IN THE SNTMA BIKESHARE PROGRAM, AND AGREE TO TAKE NO LEGAL ACTION AGAINST SNTMA BECAUSE OF ANY ACCIDENT OR MISHAP INVOLVING MY PARTICIPATION.** I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to SNTMA. By doing so, however, I understand that I will no longer be eligible for participation in the Program, and agree to return any equipment or materials provided to me by SNTMA as part of the Program.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Printed name of participant

Name of employer (SNTMA Member)

Signature of participant

date

From must be signed to be processed

Fill out and return the application and Acknowledgement & Release to Stephanie@sntma.org