

Saint John Bike Share Program APPLICATION FORM

IMPORTANT INFORMATION

- This registration form must be filled out in full to be eligible to receive a bike.
- Applicant will receive a phone call once a bike is available.
- Children must be with a parent/guardian in order to receive their bike.
- Each applicant is solely responsible for their bike and must lock it up when not in use.
- One application per year; there is no guarantee a bike will be available

Full Name _____

Gender (Female/Male/Other) _____ Height (Feet/Inches) _____ / _____

Date Of Birth (Month/Day/Year) _____ / _____ / _____ Age _____

Phone Number _____

Home Address _____

Postal Code _____

Special Requests/Details _____

ALL PARTICIPANTS UNDER THE AGE OF 18 ARE REQUIRED TO HAVE A SIGNED WAIVER FROM THEIR PARENTS OR GUARDIAN TO PARTICIPATE. (this includes children who may be riding in a child seat on a tricycle or in a cycle trailer.)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Saint John Bike Share Program c/o Crescent Valley Resource Centre | 130 MacLaren Blvd | Saint John NB | E2K 3G3

T-506.693.8513 | F-506.693.1513 | @cvrcsj



Satellite location at the Carleton Community Centre – 658-2920



Saint John Bike Share Program LIABILITY WAIVER

I/my family/associates will not hold the City of Saint John, Anglophone School District South, Crescent Valley Resource Centre, NB Dept. of Social Development, its employees or volunteers responsible for damage, injury or death suffered by myself/my child/children directly or indirectly related to my/my child's/children's participation in the Crescent Valley Resource Centre associated programs or activities.

I am aware and understand that once I/my child/children have received a bike, it becomes my/their sole responsibility check/maintain bike safety and follow bike safety practices. For example, I/my child/my children will monitor functionality of bicycle (wheels, breaks, body, handlebars, etc.), drive safely following traffic rules and wear a helmet at all times.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Saint John Bike Share Program MEDIA RELEASE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videos of participant by staff of Crescent Valley Resource Centre and the Saint John Bike Program. I understand that any such photographs, audio recordings, and video recordings become the property of the **CVRC / Saint John Bike Program** and may be used by the **CVRC/ Saint John Bike Program** for educational, instructional, or promotional purposes in broadcast and electronic media formats now existing or in the future created.

I also hereby release the Crescent Valley Resource Centre and the Saint John Bike Program, and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Please check one of the options below:

Yes, I give consent. No, I do not give consent.

Parent/Guardian Signature _____ Date _____

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