



## Participation Acknowledgment and Release

(to be signed by participant)

I have read the McClellan Park Transportation Management Association (hereinafter "TMA") Office Bike Share 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 TMA 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 Acknowledgment and Release. **I HEREBY RELEASE AND HOLD HARMLESS THE TMA (INCLUDING ITS STAFF, OFFICE VOLUNTEERS, AGENTS AND ANY ASSOCIATED EVENT OFFICIALS) OF ANY AND ALL RESPONSIBILITY AND LIABILITY FOR ANY INJURY OR CLAIM RESULTING FROM PARTICIPATION IN THE TMA OFFICE BIKE SHARE PROGRAM, AND AGREE TO TAKE NO LEGAL ACTION AGAINST THE TMA 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 and all of them at any time by submitting said revocation in writing to the TMA. 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 be by the TMA as part of the Program.

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

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Name of Employer (MBP TMA Tenant)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

Cell #: \_\_\_\_\_