

I \_\_\_\_\_ am a cyclist that regularly uses a bicycle in the Mar Vista area of Los Angeles Ca.

I am in need of a set of bicycle safety lights, lock or helmet and can not afford to purchase one or more items at this time. My income is under \$20K/year as an individual or \$35K/year for a person with dependents.

- Bicycle Safety Light Set
- U-Lock
- Bicycle Helmet

I acknowledge that I have voluntarily received a bicycle safety light, lock, and helmet after watching the provided bicycle safety video. By accepting this equipment, I agree to the following terms:

1. **Safety Video Review:** I confirm that I have watched the bicycle safety video in its entirety and understand the safety recommendations and instructions provided.
2. **Personal Responsibility:** I acknowledge that it is my responsibility to use the provided bicycle safety light, lock, and helmet properly and to follow all local traffic laws and regulations related to cycling safety. I understand that the safety equipment is provided to help reduce the risk of injury, but it does not eliminate all risks associated with cycling.
3. **Release of Liability:** I hereby release, waive, and discharge The Bikerowave, Karma, Mar Vista Neighborhood Council, the City of Los Angeles its staff, volunteers, affiliates, and any other associated entities from any and all claims, liabilities, or damages that may arise from the use of the provided equipment. This release includes, but is not limited to, any claims for personal injury, accidents, or property damage that may occur while using the bicycle safety equipment.
4. **Assumption of Risk:** I understand that cycling carries inherent risks, including but not limited to falls, collisions with other cyclists or vehicles, and accidents due to road conditions. I voluntarily assume all risks associated with cycling and the use of the provided equipment.
5. **No Warranty:** I understand that the bicycle safety light, lock, and helmet are provided as-is, without any warranties, express or implied, regarding their condition, functionality, or effectiveness.

By signing below, I confirm that I have read, understood, and agreed to the terms of this release of liability.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian of minor.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_