



# United Way of Pinal County

## Keep On Wheelin' Referral Form

### Referral Guidelines

1. To refer a potential client, please complete this form and return it, to the United Way of Pinal County.
2. Filling out this form does not guarantee a bicycle.
3. No bikes are given out without a referral from an agency.

### Agency Information

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Direct Number: \_\_\_\_\_

### Referral Information

Client Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_  
Reason client needs a bicycle:

### For United Way of Pinal County Only

Date Received: \_\_\_\_\_ Screened: \_\_\_\_\_  
Bike Granted: \_\_\_\_\_ Award Date: \_\_\_\_\_

Return form to the United Way of Pinal County at [programs@unitedwayofpc.org](mailto:programs@unitedwayofpc.org).



# United Way of Pinal County Bicycle Registration Form



<u>Registration Number</u>	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>	<u>Color</u>
<u>Type</u> Road BMX MTN Cruiser	<u>Fenders</u> Yes No	<u>Brake</u> Hand Foot	<u>Wheel Size</u> 16 20 24 26 27 28	<u>Tires</u> Street Knobby

Additional Description

Registered Owner

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number

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



## Acceptance Agreement for Donated Bike

This agreement is entered into between the United Way of Pinal County and \_\_\_\_\_

(hereinafter "Recipient") for the donation of a Keep On Wheelin' Bike Program bike:

### To be filled out by UWPC:

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Color: \_\_\_\_\_

Inventory Number: \_\_\_\_\_

Pursuant to this Agreement, the United Way of Pinal County donates to Recipient the bike listed above, subject to the following conditions:

- The Bike will be donated upon the express understanding that the United Way of Pinal County assumes no responsibility whatsoever for the condition, use, performance or maintenance of the bike.
- Recipient hereby acknowledges receipt of the bike and that Recipient has examined the bike to inspect its condition and identify any defects. Recipient hereby accepts the bike "as is," and agrees that any repairs or replacements are to be made at Recipient's expense and not at the expense of the United Way of Pinal County.
- I \_\_\_\_\_ (recipient) have carefully read and understand the above agreement. By signing this agreement, I release the united way of pinal county, its employees, officers and members, from all liability or responsibility whatsoever for personal injury, property damage, or wrongful death as a result of accepting and receiving the donated bike, however caused, including but not limited to product liability or negligence of any party.

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

Recipient: \_\_\_\_\_

United Way of Pinal County: \_\_\_\_\_

## GIVE. ADVOCATE. VOLUNTEER.



## Release and Hold Harmless Statement

I, and my heirs, in consideration of my participation in the Keep on Wheelin' Bike Program provided by the United Way of Pinal County, hereby agree to release and hold harmless the United Way of Pinal County, its officers, employees, and agents from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, death, or loss of money, which might occur upon receiving a bike.

I am aware of the risks of receiving a donated bicycle. I hereby state that I am in sufficient physical condition to ride and accept a bicycle. I understand that participation in this program is strictly voluntary and I freely choose to participate. I understand that United Way of Pinal County does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation and acceptance of a bicycle. I have checked the bikes for safety purposes before taking a ride (brakes, tire pressure seat height, etc.). I understand that a helmet is not provided, but that the United Way of Pinal County recommends that helmets be worn during riding. I will be responsible for any damage to the bike while in my possession.

- Recipient hereby acknowledges any photos that are taken may be used to advertise and promote the Keep on Wheelin' Bike Program.
- Recipient hereby acknowledges that the United Way of Pinal County and our partner agencies share information for tracking and inventory purposes.

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

UWPC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## GIVE. ADVOCATE. VOLUNTEER.