VEHICLE REGISTRATION APPLICATION

Bicycle Registration

UNIVERSITY AT ALBANY BIKE REGISTRATION PROGRAM

Student Name: _______________________
ID#: _______________________________
Date: _______________________________

Student Cell Phone: _______________________
Emergency Contact: _______________________
Emergency Contact Phone: _______________________

1. I the undersigned, wish to participate in activities associated with the University at Albany bike registration program.

2. My bike is described as follows:

3. I understand that helmets are not required for riders over 14 in New York. Nevertheless, I also understand that helmets are the best protection against serious injury from bicycle accidents. I understand that loaner helmets are available, without charge, if I do not own one. **I understand that failure to wear a helmet exposes me to serious injury or death in the event of a bicycle accident and I accept full responsibility for such injuries.**

4. I recognize the importance of following all city, state, and federal laws and regulations regarding the operation of bicycles, including, but not limited to, traffic laws and rules. I assume all responsibility for any charges and violations, and resulting fines and penalties, which may result from my inappropriate operation of a bicycle. I shall assume all responsibility for my actions and follow common sense rules of safety which include, but are not limited to, wearing a helmet and locking my bike.

5. I hereby acknowledge and understand that the University at Albany neither accepts nor assumes responsibility for any injuries, claims or losses arising from my acts or omissions or those of others while I am riding my bike, or damage, loss or theft of my bike, even if bike racks and other parking or storage is offered by the University.

6. I understand that biking in general is an inherently dangerous activity and that bicycle accidents can and do result in injury, serious physical injury and even loss of life. I hereby hold the State of New York and the University at Albany and all trustees, officers, employees, agents, volunteers and associated personnel and entities harmless and not liable for claims of injury, loss or damage to personal equipment, or death. I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity. I fully understand and agree to the above conditions and regulations.

Academic Year: August through June
Signature: _______________________

Print Name: _______________________

B. BICYCLE TO BE REGISTERED:

<table>
<thead>
<tr>
<th>Make of Bicycle:</th>
<th>Model:</th>
<th>Bicycle Color:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle Serial #:</td>
<td><strong>Please circle -Male/Female bicycle</strong></td>
<td></td>
</tr>
<tr>
<td>University Police Tag #:</td>
<td><strong>Engraving/Customization</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Exp. Date</th>
<th>Initials</th>
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<tr>
<td>Decal #</td>
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<td>Date Issued</td>
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