



CONTRA COSTA CENTRE ASSOCIATION

Bike/Walk-to-Work Incentive Program Application

PLEASE PRINT

LAST NAME	FIRST NAME
EMPLOYER	EMAIL (REQUIRED)
WORK ADDRESS	WORK PHONE (925)
HOME ADDRESS	HOME PHONE

CONTRA COSTA CENTRE ASSOCIATION 1350 TREAT BOULEVARD SUITE 180 WALNUT CREEK CA 94597 PHONE (925) 935-6337

The Employee Agrees and Understands That:

1. The Contra Costa Centre Association Bike/Walk-to-Work Incentive Program is only offered to employees who are employed at a CCCA participating building site. Participating buildings are as follows: 2999 Oak Road, 3000 Oak Road, 1450 Treat Blvd., John Muir Health, Pacific Plaza, 3003 Oak Road, CSAA Insurance Group, Station Plaza, Treat Towers, Urban West, Renaissance ClubSport, and Embassy Suites.
2. Employees must complete a log recording the days he/she rode their bike or walked to work at the Contra Costa Centre. The employee must ride a minimum of twelve times a month. Once completed, return the log to Contra Costa Centre on any Tuesday from 11:30am and 1:00pm for the incentive.
3. Employees must not be receiving any other commute alternative subsidy from any other CCCA programs.
4. At the time of registering for the Bike/Walk-to-Work Incentive Program, employee must present a valid form of identification showing home address and proof of their current employer (Business cards are not accepted).
5. Applications will be accepted, in person only, on **Tuesday, September 12th at Pacific Plaza's building, 1340 Treat Blvd.** between 11:30am and 1:00pm. After September 12th, applications and bike/walk logs will be accepted any Tuesday at 1350 Treat Blvd. lobby between 11:30am and 1:00pm. For more information visit www.contracostacentre.com.
6. This program is available on a first-come, first-served basis.
7. Employee agrees to inform the CCCA within five (5) working days if there is any change in employment, or be subject to repayment of subsidy(ies) to CCCA, including penalties and interest thereon.
8. The CCCA Bike/Walk-to-Work Program is strictly voluntary. By signing this form, employee hereby releases and holds CCCA harmless from any and all liabilities, claim demands, damages and/or costs incident to or arising out of commuting by bike. (Initialed by employee.)

I have read and agree to the foregoing:

SIGNATURE OF EMPLOYEE	DATE
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Contact: ccca@contracostacentre.com contracostacentre.com 925-935-6337 (o) 925-935-1407 (f)