

**Exhibit 1: ACKNOWLEDGEMENT OF RULES AND INDEMNIFICATION AFFIDAVIT
FOR POWERED MICROMOBILITY DEVICES**

By signing below:

I ACKNOWLEDGE THAT I HAVE READ AND WILL FOLLOW AND COMPLY WITH ALL POWERED MICROMOBILITY VEHICLE REGULATIONS AND ORDINANCES, THE CITY'S BUSINESS LICENSE REQUIREMENTS, AND ANY ADDITIONAL ADMINISTRATIVE REGULATIONS IMPOSED NOW OR LATER. IF I AM AN OWNER, BUT NOT THE OPERATOR, I ACKNOWLEDGE THAT I CAN BE HELD LEGALLY RESPONSIBLE AND LIABLE FOR COMPLIANCE WITH CITY OF KNOXVILLE ORDINANCES REGARDING THE USAGE OF SHAREABLE POWERED MICROMOBILITY VEHICLES.

I SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF KNOXVILLE AND ITS OFFICERS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL MATTERS RELATED TO THIS AND THE OPERATION OF THE SHAREABLE POWERED MICROMOBILITY VEHICLES OR PROGRAM. THE INDEMNIFICATION AND HOLD HARMLESS PROVISIONS STATED HERE SHALL SURVIVE REVOCATION OR EXPIRATION OF THE PERMIT.

I ACKNOWLEDGE THAT THIS APPLICATION IS A "GOVERNMENTAL RECORD" AND IF I MAKE A FALSE ENTRY OR REPRESENTATION IN THIS APPLICATION, THEN I COMMIT A VIOLATION OF TENNESSEE CODE ANNOTATED SECTION 39-16-504. I HAVE CAREFULLY CONSIDERED THE CONTENTS OF THIS APPLICATION BEFORE SIGNING. I AFFIRM THAT THE CONTENTS ARE TRUE, TO THE BEST OF MY KNOWLEDGE.

OPERATOR/APPLICANT

Signature

Print Name

Date

OWNER (IF NOT OPERATOR/APPLICANT)

Signature

Print Name

Date

Office Use Only Date of Receipt of Application: Permit Number: Issue Date:
