



RecSports BIKE RENTAL FORM

Carroll Outdoor Recreation Equipment (C.O.R.E.)



Print Name: _____ **Date:** _____

Carroll University ID #: _____ **Circle:** Student Staff Faculty

Local Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Equipment Use Waiver, Release, and Acceptance of Responsibility
READ THIS BEFORE SIGNING, it imposes legal obligations on you

I hereby assume full responsibility for equipment listed on this form, and also assume all potential risks and liability associated with its use. I agree to indemnify and hold harmless Carroll University, Inc. against any and all damages and liability resulting from my or others' use of the equipment. I further release Carroll University from all liability other than intentional negligence and waive any claim I might have against Carroll University for damages of any nature, including but not limited to bodily injury, which might arise from use of the equipment.

As part of this agreement, I also represent and/or agree as follows:

- I am capable of using this equipment in a safe and proper manner.
- If any equipment is damaged or lost while in my possession I agree to pay for its repair or replacement.
- I will return all equipment when due and in the same condition in which it was checked out.
- I understand that I may be charged a **LATE FEE** - the regular daily rental rate for each day equipment is kept past the due date.

Print Name: _____

Signature: _____ **Date:** _____

Parent or Guardian Signature (under 18): _____ **Date:** _____

RecSports Staff

Bike #: _____ **Model:** _____ **Rental Length:** Day(s) _____ Week _____ Month _____

Helmet: Yes _____ No _____ **Lock:** Yes _____ No _____ **Lock type/#:** _____

Paid at Ganfield: Yes _____ No _____

Checkout Date: ___ / ___ / ___ **Date Due:** ___ / ___ / ___ **Return Date:** ___ / ___ / ___

Notes/Damage/Late Fees:

Checkout Staff (print): _____

Return Staff (print): _____