

RENTAL AGREEMENT AND WAIVER

THE BIKEWAY SOURCE, INC.
111 South Rd., Bedford, MA 01730
(781) 275-7799

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Credit Card #: _____ Exp. _____
License #: _____ State: _____

Equipment Rented:	Helmet	Protective Gear
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Date: ___/___/___ Time Out: _____ Staff Initial: _____
Rental Period?: _____ Prepaid?: _____
Time In: _____ Date: ___/___/___

I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, release The Bikeway Source and all Staff, Vendors, Owner, and Lienholders from any liability for damage or injury to myself or any person or property resulting from negligence, adjustment, selection and use of this equipment. I understand the inherent risk involved in using this equipment and accept the full responsibility for any and all such damage or injury that may result.

I accept for use, as is, the equipment in good condition and accept the full responsibility for care of equipment while it is in my possession. I will be responsible for the prompt replacement at full retail value of all rental equipment not returned or damaged, other than reasonable wear and tear, which results from the use of this equipment.

I agree that the rental equipment has been inspected by The Bikeway Source, and is safe and in good condition. I understand the proper safety and use procedures of the equipment and that severe head injury may result from not wearing a helmet.

I accept the terms of this agreement and accept responsibility for the above charges.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____