I, ____________________________, being 18 years of age or over, desire to participate in the RECycle Bike Program. I understand that there are risks inherent in the use of the equipment, that injuries are a common and ordinary occurrence, and participant freely assumes those risks, including the risk of serious personal injuries, paralysis and death to the participant and to third persons and of damage to the participants property and the property of others.

Because of the dangers inherent to riding a bicycle, I recognize the importance of following all city, state, and federal laws and regulations regarding the operation of bicycles. Ignorance of these regulations will not be accepted as grounds for dismissal of enforcement actions.

I acknowledge that the RECycle Bike Program is not providing me safety gear (helmet, eye protection, and hand protection) but, I understand that I should wear all safety gear at all times that I am operating this bicycle.

I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to operate one of the bicycles provided through the RECycle Bike Program. I acknowledge that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant because of injury to me.

I agree that any equipment provided through the RECycle Bike Program shall be used exclusively by me.

Knowing the dangers, hazards, and risks of this activity, and in consideration of being permitted to participate in the activity, on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in this activity, and in advance release, waive, forever discharge, and covenant not to sue Eastern Kentucky University Foundation, Eastern Kentucky University, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise that arise out of or are connected with the use of the equipment.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing Liability Release, Waiver, Discharge and Covenant Not to Sue by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement.

IN WITNESS WHEREOF, I have executed this release this _____ day of __________, 20__.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

STUDENT/PARTICIPANT: __________________________________________ WITNESS: __________________________

Signature __________________________________________________________ Signature __________________________

(Print name) __________________________________ Phone Number ______________ Email address _________________________
Campus Recreation
RECycle Program
Financial Agreement

I understand that I am solely responsible for the bicycle and any accessories checked out. I am financially responsible for damage caused to the bike and/or any accessories checked out. I am responsible for the replacement cost for the lost, stolen or severely damaged bicycle and/or accessories. I understand a credit card will be held on file until bicycle and accessories are returned. **If equipment is not returned by the return date I will be billed $10 per day until equipment is returned or until replacement cost is met.** I understand that if I do not have a credit card Campus Recreation will place a hold on my university account until payment is received. Failure to pay for damage or replacement costs will result in hold on your university account until payment is received. I understand that I will not be able to participate in any Campus Recreation activities and/or programs, including use of the Fitness & Wellness Center and Burke Wellness Center, until payment is received.

In addition, a refundable deposit of $25 will be held. The deposit will be returned in full if the following items are completed:

1. An appointment is scheduled with the bike program.
2. The patron attends their appointment & brings the bike back.
3. The bike is checked-in within the rental timeframe.
4. The bike is in good condition when returned.

Please Confirm All Equipment I Checked Out:

- [ ] Bicycle ($440)
- [ ] Lock ($25)

In signing this financial agreement, I acknowledge and represent that I have read, understand, and signed voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this agreement have been made.

______________________________
(Return Date)

______________________________
(print name)

______________________________
(Signature)

______________________________
(Phone number)

______________________________
Email

______________________________
(Date Returned) Staff Only

______________________________
(Staff Signature)

[Type text]
**BICYCLE CONDITION REPORT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Bicycle Serial #</th>
<th>Make/Model</th>
</tr>
</thead>
</table>

**Condition on Sign-Out Date:**

- Tires (F/R)
- Rims (F/R)
- Gears / derailleur
- Chain
- Brake System (F/R)
- Handlebars
- Bell
- Shifters
- Seat / post
- Frame
- Pedal(s) L / R
- Bicycle Lock
- Reflector (frame F/R)
- Reflector (rim F/R)
- Lock
- Other

**Condition Upon Return Date:**

- Tires (F/R)
- Rims (F/R)
- Gears / derailleur
- Chain
- Brake System (F/R)
- Handlebars
- Bell
- Shifters
- Seat
- Frame
- Pedal(s) L / R
- Bicycle Lock
- Reflector (frame F/R)
- Reflector (rim F/R)
- Lock
- Other

**Optional Bike Accessories included in rental (check only if rented):**

- Fender
- Lights (F/R)

*Additional comments concerning the rental.*

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Signature ___________________________  EKU ID# ___________________________  Date ____________

**Confirmation (Staff Signature) ___________________________  Date ____________**

Please reference the RECycle Bike Program Website at [www.campusrec.eku.edu/RECycle](http://www.campusrec.eku.edu/RECycle) for additional information concerning the bike program.

- Attached Pictures
- Lock Serial #: ___________________________  Lock Combination: ___________________________
EKU Campus Recreation
RECycle Program
Bullet Sheet

- This rental bike is FREE for 30 days and the $25 will be refunded if:
  - I return the bike on time.
  - I schedule and attend my bike return appointment
  - The bike and accessories are in the condition I checked them out.

- I understand the late fee is $10 per day for every day after the agreed upon return date.

- I understand I am financially responsible for any damage to the bike or accessories the entire time I have the bike checked out.

- I understand I am financially responsible if the bike is stolen while I have the bike checked out.

- Campus Recreation may or may not send you a reminder email to return your bike. It is your responsibility to remember when the rental timeframe expires.

______________________________________________  Date _____________, 20___
(Print name)

______________________________________________  (Staff Signature)
(Signature)
BICYCLE LOSS/DAMAGE REPORT

Date____________________  Bicycle Serial #__________  Make/Model______________________

Date of Occurrence______________  Approx. Time of Incident______________

☐ Damaged

☐ Tires (F/R)__________________________
☐ Rims (F/R)__________________________
☐ Gears / derailleur_________________________
☐ Chain__________________________
☐ Brake System (F/R)__________________________
☐ Handlebars__________________________
☐ Bell__________________________
☐ Shifters__________________________
☐ Seat / post__________________________
☐ Frame__________________________
☐ Pedal(s) L / R__________________________
☐ Bicycle Lock__________________________
☐ Reflector (frame F/R)__________________________
☐ Reflector (rim F/R)__________________________
☐ Lock__________________________
☐ Other__________________________

Explain briefly how damage occurred
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Signature________________________  EKU ID#________________________  Date______________

Confirmation (Staff Signature)________________________  Date______________

☐ Stolen / Lost

☐ Police Report Filed (Municipality)________________________  Date Filed______________

Explain briefly how theft occurred
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Attach Police Report To This Document or Explain Below Why No Report Was Filed

[Type text]