

# RENTAL AGREEMENT AND WAIVER

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

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_  
License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_ Time Out: \_\_\_\_\_ Staff Initial: \_\_\_\_\_  
Rental Period?: \_\_\_\_\_ Prepaid?: \_\_\_\_\_  
Time In: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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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: \_\_\_\_\_