University of South Alabama Department of Campus Recreation

Bike Reservation Agreement

Name:_____________________________________        Jag:___________________________________

Jag Email :__________________________________         Telephone #:___________________________

Reservation Date:____________________________         Agreed Upon Return Date:________________

I understand that:
1 - I am responsible for the loss, theft, or damage of ALL gear and ALL gear must be returned by the above date.
2 - I acknowledge that if I do not return all equipment by agreed upon date, I will be charged a rental fee for the
next semester and my USA account will be placed on hold until the bike is returned to the Jag Bike rental location.

Charges for Equipment Damage  (price vary depending on type of bike)

- Damaged Seat................................. $5 - $20
- Broken Wheel.................................$5 - $20
- Flat Tire/Replacement Tube.............$5 - $30
- Broken Chain/ Replacement..............$10 - $15
- Lost, Stolen, or Non-Replaceable:
  o Lock.................................$15
  o Bike.................................$30 - $200

Helmet Release Waiver: I understand that there are inherent dangers involved in cycling activities and that I
assume and am subject to all risks associated with such activities. I further understand that failure to use a helmet
could result in injury to head, including, but not limited to permanent brain damage or death. If, against the advice
of the University of South Alabama, I refuse this critical safety precaution, I will thereby waive and release USA
from any and all liability associated with my voluntary refusal to wear a safety helmet.

USA Patron’s Signature (if renter is under 19, parent/guardian signature needed):

I understand that: I have examined the damage fees above and agree to pay any damages assessed by the staff
upon return. I have inspected the equipment and that it is in good condition and acceptable for me to use. I am
responsible for knowing and following state, city, and campus laws pertaining to cycling. There are risks associated
with outdoor activities and, I will not hold USA, or any of its departments or staff responsible for injury, accident,
or damage incurred while using the equipment.

USA Patron’s Signature: ____________________________________________

(if renter is under 19, only the below signatures are required)

SIGNATURE OF PARENT/GUARDIAN: ___________________________ SIGNATURE OF WITNESS: ___________________________
PRINTER NAME OF PARENT/GUARDIAN: ______________________ PRINTED NAME OF WITNESS: _______________________

FAX # TO SEND THIS FORM WHEN ABOVE COMPLETED: 251-461-1491

Bike #_________ Lock #_________ Lock Code #______  Bike #_________ Lock#_________ Lock Code #_____

To be inspected: Handlebar  Seat/Post  Pedals  Wheels  Tires  Chain

Date Out/Staff Signature____________________________________ Date In/Staff Signature_____________________________