



More Space at Your Place Bike Lending Agreement

www.morespaceatyourplace.com 108 N Hartford Avenue, Unit C Centerburg

Hours- Thursday-Friday 10:00 am -5:00 pm Saturday-10:00 am-2:00 pm

Date :	Email Address:	Phone:
Name:	Driver's License Number:	
Address:	City:	State: Zip Code:

More Space at Your Place is the main contact for this lending program, however the Knox Public Health is the primary lender through the Get Healthy Knox County initiative grant. Bicycles are stored at More Space at Your Place, 108 N Hartford Avenue, Centerburg. The business loans the bicycle and related equipment to the borrower under the terms below. If the bicycle, trailer, or any borrowed accessories (such as helmets or locks) are not returned by the end of the loan period, the borrower agrees to pay More Space at Your Place the replacement cost of the bicycle and \$20 for each accessory not returned. Borrowers must be at least 18 years old.

Agreement Terms

By accepting this equipment loan, I acknowledge and agree to the following responsibilities below. Accidents may occur during recreational activities. Please review each point carefully and ask for clarification if needed.

Borrower Responsibilities

- I will ride safely and courteously, using only the trails in Knox County, including the Heart of Ohio, Kokosing Gap, or Mohican Valley Trail. Initial: _____
- I have provided a helmet for my safety and understand that wearing a helmet is required by this agreement. I also recognize that a helmet may not prevent all injuries. Initial: _____
- If I leave the equipment unattended, I will lock it and take precautions against theft. I agree to reimburse More Space at Your Place for the replacement value of any equipment that is not returned, whether the loss is intentional or accidental. Initial: _____
- I understand that the bicycle is subject to all applicable local and state road laws. Initial: _____
- I have received instructions on how to use the brakes and gear-shift mechanisms. Initial: _____
- I agree to return all equipment before closing time and during the business hours listed above. Initial: _____

Release of Liability

By signing this agreement, I acknowledge that bicycling involves certain risks and hazards. I release More Space at Your Place from any and all liability for claims or losses arising from the use of the bicycle. I agree not to pursue legal action against More Space at Your Place and to hold them harmless from any liability, claims, demands, or actions resulting from my use of the bicycle.

Borrower's Signature: _____ **Date:** _____

Staff Signature (More Space at Your Place): _____ **Date:** _____