



**Equipment Return
Date (Return by
3:30pm):**

**BIKE SHOP FACULTY/STAFF
RENTAL GEAR AGREEMENT**

Last Name: _____ **First Name:** _____

Phone: _____

Email: _____ **Student ID:** _____

Student: Resident Commuter Non Student: Faculty Staff OP Staff

Gender: Male Female Transgender No Answer

Equipment Liability Statement - READ AND INITIAL TO INDICATE YOUR AGREEMENT

- _____ "I have personally examined the equipment listed below and have found it to be in good operating condition with all necessary parts and accessories, and I voluntarily rent and accept it 'AS IS.'"
- _____ "I understand that there is no insurance coverage provided and that I will be held financially responsible for theft, loss, damage, cleaning, and late fees.
- _____ "I understand that late equipment will be charged the daily late fee for each day late up to the full replacement cost of the equipment as noted on the back side of this form, and that late fees apply to all renters."
- _____ "I understand that any bike found to be not properly secured will be confiscated by University of North Carolina Asheville Bike Shop Mechanics and that I will be charged a \$10 service fee."
- _____ "I understand that the University of North Carolina Asheville, The Department of Recreation, and the Outdoor Programs Bike Shop are not responsible for injuries incurred in connection with the use of equipment rented from the Outdoor Program; and I am aware of and understand the safety practices required for using the equipment listed above. In consideration of being permitted to rent said equipment from the Bike Shop, I, for myself, my heirs, personal representative and assigns, release and agree not to sue and to indemnify and hold harmless, the state of North Carolina, the University of North Carolina at Asheville, The Department of Campus Recreation, The Outdoor Programs Bike Shop and their officers agents, employees, and volunteers from and against any and all claims for injury, loss or damage to person or property of myself or others in any way arising for the use, misuse and/or abuse of said equipment."
- _____ "I certify that I am 18 years of age or older and that I have read and fully understand this contract and release, and I sign it voluntarily with full knowledge of its significance."

Renter Signature: _____ **Date:** _____

Staff Out: _____ **Date:** _____ **Staff In:** _____ **Date:** _____

EQUIPMENT INFORMATION

Item ID #	Equipment Item Description	Day Rate	Weekend Fri-Mon	Week Mon-Mon	Late Fees		Condition Upon Return
					Fee	# of Days	
	Mountain Bike	\$10.00	\$20.00	\$40.00	\$10.00		
	Commuter Bike	\$10.00	\$20.00	\$40.00	\$10.00		
	Helmet	\$3.00	\$5.00	\$8.00	\$3.00		
	Bike Lock and 1 Key	\$2.00	\$3.00	\$5.00	\$2.00		

NOTIFICATION & PAYMENT INFORMATION

Cash or Check only

Late Reminder: (Date/Time/Staff)	Notes:	Rental Total:
1 st Late Contact:		Late/Damage Fees:
2 nd Late Contact:		Reason:

Flip Over – Staff Complete Check In

**BIKE SHOP EQUIPMENT
REPLACEMENT COSTS**

- **Helmet: \$60**
- **Cable Lock/Lost key: \$30**
- **Trek Commuter Bikes: \$700**
- **Mountain Bikes: \$900**

BIKE SHOP MECHANIC CHECK IN

Do not mark below this line – Staff Only

- _____ (initial) **Bike was inspected for missing parts**
- _____ (initial) **All fees are processed**
- _____ (initial) **Bike was checked over or repair tag filled out**
- _____ (initial) **Bike was cleaned and sanitized**
- _____ (initial) **Bike was stored properly**