



# Bicycle Waiver

**This form is to be signed by all individuals who request a bicycle from the Nina B. Hollis Wellness Center.**

I, \_\_\_\_\_, acknowledge that by checking out a Florida Southern College bicycle from the Nina B. Hollis Wellness Center, I become responsible for it. I understand that if the bicycle or other equipment is damaged or stolen while in my possession, I will be held accountable for the replacement/repair cost of:

\$225.00 - \$250.00 - Bike

\$10.00 – Bike Lock

\$20.00 – Bike Helmet

I understand the intended use of this bike is for fitness and transportation. Misuse of this bike may result in damage to the bike and/or may cause harm to myself. I understand that I must inspect the bike that I plan to use and report any damage prior to bike use. I also understand that for the safety of others, I am required to report any damage that may have occurred during the time that the bike is in my possession.

I acknowledge that using a bicycle has inherent risk and I assume all risk for using the checked out equipment. Bicycle helmets are not required by law, but are highly recommended, and I understand that I assume any additional risk if not wearing one.

**I also understand that the bicycle is to be returned the same day that it is checked out and at least 15 minutes prior to the close of the HWC facility. I am also aware that FSC bikes are not equipped with lights for night riding, and should not be used after dark without proper bicycle lighting.**

(Initial) \_\_\_\_\_ I have read and understand the policies and procedures of the Florida Southern College, Nina B. Hollis Wellness Center Bicycle Check out.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Front Desk Attendant

\_\_\_\_\_  
Date

Time checked out \_\_\_\_:\_\_\_\_ AM / PM      Bike # \_\_\_\_\_ (located on crossbar)

Date returned \_\_\_\_\_      Time Returned \_\_\_\_:\_\_\_\_ AM / PM  
Key Returned \_\_\_\_\_ Front Desk Attendant initials  
Bike Condition –    working    /    needs repair  
Please specify \_\_\_\_\_

**If bike requires repair, please fill out an incident report and turn it in to the Aquatics and Outdoor Recreation Coordinator.**