

Bike Damage Agreement

Outdoor Adventures, UREC



Bike #: _____	Size #: _____	Helmet # _____
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Charges for Equipment Damage

- Equipment returned dirty.....\$5 - \$15
- Damaged or non-repairable seat..... \$40
- Untrue wheel..... \$10
- Broken spoke..... \$15
- Chipped or dented frame..... \$5 - \$50
- Broken cable or housing..... \$20 each
- Damage to fork..... \$200
- Bent chain ring..... \$30
- Flat tire..... \$5
- Lost, stolen, or non-repairable:
 - Bike helmet..... \$50
 - Wheel..... \$130
 - Mountain bike..... \$800

Note any previous damage:



Renter's Initials: _____

Helmet Release Waiver:

I understand that there are inherent dangers involved in cycling activities and that I assume and am subject all risks associated with such activities. I further understand that Angelo State University's Safety Policies and Procedures require the use of safety helmets, which could prevent injury to my head, including, but not limited to, permanent brain damage or death. Against the advice of Angelo State University I am refusing this critical safety precaution and thereby waive and release Angelo State University from any and all liability associated with my voluntary refusal to wear a safety helmet.

Renter's Signature: _____ Date: _____

I understand that:

- _____ I have examined the damage fees above and agree to pay any damages assessed by OAC 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.
- _____ Each bike rental includes a helmet and by signing the waiver above I release Angelo State University from all liability of not wearing a helmet.
- _____ There are risks associated with outdoor activities and I will not hold Angelo State University, any of its departments or staff, or the State of Texas responsible for injury, accident, or damage incurred while using, loading/unloading, securing, or transporting this equipment.

Renter's Signature: _____ Date: _____