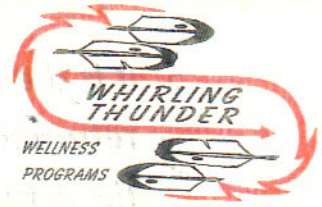




Rent-A-Bike Registration Form



Participant Information

Name: _____

Address: _____

Age: _____

Home Phone #: _____

Cell Phone #: _____

E-Mail Address: _____

Rent-A-Bike Guidelines:

1. *In order to rent out one or more bikes, participant must be at least **18 years of age.***
2. *In order to rent out one or more bikes, the participant must leave a piece of **collateral** (i.e. Photo ID, Cell Phone, Car Keys, Wallet/Purse) with a Whirling Thunder Wellness Programs Staff.*
3. *After checking out one or more bikes, the **participant is 100% liable** to make sure the bike(s) do not get lost, stolen, damaged or vandalized in any way.*
4. *It is the participant's responsibility to **ensure the safety** of the bike rider(s); this may include helmets, elbow pads, knee pads, etc. Whirling Thunder Wellness Programs does not provide these.*

5. *It is the participant's responsibility to make sure the bike(s) get **returned** to the Whirling Thunder Wellness Programs at or before the return time.*
6. *If the bike(s) are not returned to the Whirling Thunder Wellness Programs at or before the return time, the bike(s) **will be reported as STOLEN to the police** and they will take proper action.*
7. *Whirling Thunder Wellness Programs will **not** rent out bikes to participants who are under the **influence of drugs and/or alcohol**.*
8. *Whirling Thunder Wellness Center Programs reserve the right to refuse this service to **anyone**.*

I, _____, have read and understand the guidelines listed above. I understand that the Whirling Thunder Wellness Center Programs, Winnebago Health Department, and the Winnebago Tribe of Nebraska are not responsible for any accidents, lost or stolen items, or injuries that may occur while I am out on the bike(s). I am responsible for being physically able to participate in this program.

Participant Signature _____

Date _____

