

Bike Number: _____

Juniata College Bike Share Rider Agreement

I acknowledge that my participation in the Juniata College **Bike Share Program 2015 -2016** includes known and unanticipated risks, which could result in physical injury, and I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I understand that all College policies apply during my participation in the **Bike Share Program** and I accept responsibility for following these policies. I also understand that I am participating in this program at my own risk, and that Juniata College is not responsible for the consequences of my actions or behavior. I will consult with the **Office of Student Activities personnel** if any problems arise during the use of a bicycle used through the **Bike Share Program**.

I hereby represent that I am in good health, and I shall adequately inform Juniata College personnel of any special instructions or medical needs regarding myself prior to participation. I certify that I have adequate medical insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize Juniata College personnel to call for medical care to transport me to a medical facility or hospital if, in the opinion of such personnel, that I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of myself, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, Juniata College shall have no further responsibility for me, and I agree to pay all costs associated with such medical care and transportation.

By my agreement to participate in this program I confirm that I understand the risks with regard to participating in the **Bike Share Program** and I shall not hold Juniata College, its agents, employees or representatives liable for any damages or losses arising from my participation in the program. Further I will indemnify and hold Juniata College, its agents, employees, or representatives harmless from any damages or losses arising from my participation in the program.

Late Fees:

I understand that if I do not return the rented bike by the designated date/time, my student account will be charged **\$5.00 per day with a maximum of \$50 as a late/maintenance fee**. I understand that if the bike I used is stolen due to improper locking of the bike will result in me working with the Office of Student Activities to pay for the replacement of the bike. _____ (initial)

The Commonwealth of Pennsylvania **strongly** recommends that bicyclists wear helmets whenever they ride (*Section 3510. Pedalcycle helmets for certain persons; The Pennsylvania Department of Transportation, <http://www.dot.state.pa.us/bike/web/bikelaws.htm>*).

The **Bike Share Program** provides helmets free of charge to renters for use. I acknowledge that if I choose not to wear a helmet and if an injury occurred, I will not hold Juniata College liable.

I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

Signature of Rider

Date

Printed First and Last Name of Rider

Witness