

Bicycle Release Form

Name _____ Room No. _____

Type of bike rented (Check all that apply)

Male Bike Number: _____ Helmet Number: _____

Female Bike Number: _____ Child Bike Number: _____

I hereby waive the Oakwood Resort and any associated organization from all liability as a result of my bicycle usage.

I further understand that accidents, serious bodily injuries and/or property damage, may occur during bicycle traveling. Knowing these risks involved, I nevertheless agree to assume these risks and to release all of the persons or entities mentioned above for any injury, death, illness, or property damages occurred during the term of this bicycle use. I also release the Oakwood Resort from all damages or injuries as a result of weather conditions during the use period. I further attest that I am physically fit and have sufficient training to ride a bicycle during the use period. I agree to wear a bicycle helmet at all times when riding a bicycle during the use period and agree to have adequate medical insurance coverage for the duration of the use period. I also attest that I will abide by the rules and regulations of Indiana and local municipal law applicable, including vehicle laws during the use period. I have read, understand, and certify my compliance by signature.

I understand there will be fee of \$150.00 charge if the bike is lost or stolen during my use.

Signature _____

Name (print) _____

Date _____

If you are under 18 years old, the following must be signed by your parent or guardian:

I, Being parent or guardian of the above minor, having read and understood this complete waiver, do hereby consent that the minor above may use a bicycle for the Oakwood Resort, I do hereby adopt entirely the above recited "Waiver, Release, and Consent".

Signature _____

Name (print) _____

Date _____