

**Bucky’s Bikes Rental Agreement**

*Spring 2024 (Monday, April 8 – Friday, May 3)*

Please read, complete, and sign both the Rental Agreement and Liability Waiver (page two).

**Select one:** BSU Student (*currently enrolled*) ***$25*** BSU Faculty/Staff: ***$35***

Pay by credit card over the phone by calling BSU’s Cashier’s Office: -Or- Make checks payable to “BSU” and mail to:

 **218-755-2045 Bemidji State University**

 **Box #5 Cashier’s Office Attn: Sharon Olson**

Please return completed forms to:  **1500 Birchmont Dr. NE**

BuckysBikes@bemidjistate.edu **Bemidji, MN 56601**

**Name: Address:**

**Phone: Email:**

**TechID** (eight-digit numerical): (*Not* StarID, which is alpha-numeric: ab1234cd)

**Emergency contact name:** **Emergency contact phone:**

I have read the below terms carefully. I am entering this agreement of my own free will. I am at least 18 years old and have the right to contract in my own name. I understand that the below terms apply to all my future use of Bemidji State University Sustainability Office Bucky’s Bikes Program bicycles (hereafter ‘Bicycle’), and I agree to all terms. I acknowledge Bemidji State University Sustainability Office has never explicitly or implicitly assumed any responsibility for me or my actions in connection with my use of the Bicycle. I accept the Bemidji State University Sustainability Office Rental Agreement and agree to keep the Bicycle safe and in good condition. *I understand the Sustainability Office will notify me of the return date, determined by semester schedule and/or the arrival of winter weather, and will provide one full week for the return process. I understand if I fail to return the Bicycle by the specified date, or if the Bicycle is damaged during the rental period, a hold may be placed on my registration until adjudication of the situation is completed pursuant to the BSU Student Code of Conduct. I understand I may be held liable for the full replacement value of the bike (up to $250), lock ($35), or key ($10).*

**Signature:** **Date:**

---------------------------------------------------------------------------------------------------------------------------------------------------

Issues with your bike? Email BuckysBikes@bemidjistate.edu or call 218-755-2979.

Please watch for an email about returning your Bucky Bike on or before the weather-dependent deadline. Thanks for riding with us!

---------------------------------------------------------------------------------------------------------------------------------------------------

*To be completed by Bucky’s Bikes Program Coordinator personnel*

Paid: Returned on:

Assigned Bike Number:

**Bemidji State University Sustainability Office**

**Acknowledgement of Risk and Liability Waiver**

**Bucky’s Bikes Semester Rental**

I am aware that exercise and recreational activities can be physically stressful and in certain instances can be harmful and result in injury or death. I understand that I should consult with my personal physician before I begin or continue any exercise activity, adventure activity, or travel. In consideration of my participation in BSU sponsored activities, I agree as follows:

1. I understand the risk and danger to me and my property associated with my participation in recreational activities, and I do so voluntarily in reliance upon my own judgment and ability. I assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to: failure to enforce rules, failure to inspect equipment or facilities, and negligence of other students or staff.

2. I shall indemnify, defend and hold harmless Bemidji State University, MNSCU, the State of Minnesota, or any officers, servants, agents, or employees from all liability, loss, costs, damages, claims, or causes of actions of any kind or nature whatsoever, and expenses, including attorney fees arising or claimed to have risen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of BSU, its staff or other participants, or by others as a result of my own negligence or intentional acts, during my participation of Sustainability Office activities.

3. I acknowledge receipt of instructions about potential risks, including risks of property damage or loss, personal injury, and death, associated with my participation.  **I understand that I am responsible for my** **safety during this activity,** and I assume that responsibility. I certify that I am at least eighteen (18) years of age, medically sound, and physically fit to participate in exercise and recreation activities. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability of the Sustainability Office has been made to me. I certify that I have read the foregoing information and understand it and that any questions, which may have occurred to me, have been answered to my satisfaction.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE TO ITS TERMS.**

**Name:**

**Signature:**

**Date:**