## Billy's Bike Shop

1509 Periwinkle Way, Sanibel Island, FL 33957 (239) 472-3620

## E-Bike Rental Assumption of Liability Form

By signing this assumption of liability, I understand that that cause damage to the equipment, I will be held resp (initials)		
By signing this assumption of liability, I understand that of device/mounting that requires loosening of any bolts		
By signing this assumption of liability, I understand that of trailer, child seat, or any other type of device to the E		
By signing this assumption of liability, I understand that safety and physical well-being and am releasing Billy's(initials)		
By signing this assumption of liability, I understand that am 18 years or older and I release Billy's Bike Shop from whatsoever(initials)		
By signing this assumption of liability, I understand that E-Bike may not be loaded into a vehicle or transported is Staff and that if the equipment I am renting is not return charge my credit card in the amount up to \$3,299.00 uti Bike Shop. I further understand that upon my return of t and after inspection by shop mechanic, that the pre-aut (initials)	n any manner we ed to Billy's Bike lizing the credit on he E-Bike that I I	ithout the authorization of Billy's Shop, that Billy's Bike Shop will card that I have given to Billy's have rented to Billy's Bike Shop,
By signing this assumption of liability, I understand that physical damage to this E-Bike, and for any damage an Bike Shop from any and all liability whatsoever.	d damages that	
By signing this assumption of liability, I understand this caught in the rain please seek dry shelter immediately for the E-bike. The renter is responsible for any and all d	or your safety an	d for the safety of the electronics
By signing this assumption of liability, I understand that <b>must</b> be brought into an <b>enclosed</b> structure Garage, Coweather or wildlife is solely on the renter. If you cannot something out for return to the shop overnight.	ondo, Shed, NO t store these iten	CARPORTS. Any neglect due to
Signature:		Date:
Name:	Contact:	
Address:		
City:	State:	Zip:
Emergency Contact: Name:		_Relationship:
Dhana		