REID RIDE BIKE SHARE PROGRAM
STUDENT USER AGREEMENT, ASSUMPTION OF RISK, AND LIABILITY WAIVER

Reid State Community College

---- FRONT AND BACK MUST BE COMPLETED TO PARTICIPATE IN REID RIDE. ----

Participant Information

Student Name: _____

Student ID Number: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Emergency Phone Number: _____

Acknowledgment of Policy

I acknowledge that I have received, read, understand, and agree to comply with the Reid Ride Bike Share Program Policy and all program requirements established by Reid State Community College.

I understand that participation in the Reid Ride Bike Share Program is voluntary and that use of a bicycle is a privilege that may be suspended or revoked for failure to comply with program requirements.

Assumption of Risk

I understand and acknowledge that bicycling involves inherent risks, including but not limited to falls, collisions, roadway hazards, equipment malfunction, weather conditions, property damage, serious bodily injury, disability, and death.

I voluntarily assume all risks associated with participation in the Reid Ride Bike Share Program and use of program bicycles, whether known or unknown, foreseeable or unforeseeable.

TURN PAGE OVER FOR REQUIRED SIGNATURES

Release and Waiver

In consideration for being permitted to participate in the Reid Ride Bike Share Program,

I release, waive, discharge, and hold harmless Reid State Community College, the Reid State Foundation (formerly known at Reid State Technical College Foundation), the Alabama Community College System, their trustees, board members, officers, employees, agents, volunteers, and representatives from any and all claims, demands, causes of action, damages, losses, liabilities, costs, or expenses arising out of or related to my participation in the program or use of a program bicycle, except to the extent prohibited by applicable law.

Participant Responsibilities

I understand and agree that I will:

- Wear the issued helmet while riding;
- Operate the bicycle safely and lawfully;
- Use the bicycle only within approved service areas;
- Not allow any other person to use the bicycle;
- Report any accident, injury, theft, damage, or defect immediately;
- Return the bicycle and all issued equipment as required; and
- Be financially responsible for loss of or damage to the bicycle or issued equipment as provided in the Reid Ride Bike Share Program Policy.

Medical Authorization

In the event of an emergency, I authorize emergency medical personnel to provide treatment deemed necessary. I understand that I am responsible for any medical expenses incurred.

Certification

I certify that the information provided is accurate and that I have read and understand this agreement. I sign this agreement voluntarily.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If student is aged 18 or younger.)

College Representative: _____Date:_____