



## BICYCLE LOAN AGREEMENT

The User Liaison Office provides the SURA Residence Facility a limited number of bicycles available for loan to Users while on site. Users are required to complete a Bicycle Loan Agreement Form and submit with a refundable deposit of \$10.00 for a three month extendable loan period. Helmets and locks are provided with each bicycle.

**JLAB SAFETY POLICY: Beginning November 1, 2004, anyone riding a bicycle on-site or a JLab owned bicycle off-site must wear a properly fitting approved bicycle helmet. JLab will supply helmets to riders who do not have their own helmets. The User Liaison Office has lockers available for Users to store their bicycle helmets when leaving until their next visit.**

Jefferson Lab is not in any way responsible for injuries or accidents sustained while riding a bicycle on loan. We suggest that all Users requesting bicycles carry medical insurance to cover any such circumstances.

Name: \_\_\_\_\_ JLab ID Badge #: \_\_\_\_\_

Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_

JLab Phone: \_\_\_\_\_ JLab Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ I have medical insurance: \_\_\_\_\_ yes \_\_\_\_\_ no

**Bicycle Issue:**

Date Issued: \_\_\_\_\_ Date Due: \_\_\_\_\_ Deposit Receipt #: \_\_\_\_\_

Rental #: \_\_\_\_\_ Bicycle #: \_\_\_\_\_ Lock #: \_\_\_\_\_ Helmet: \_\_\_\_\_ yes \_\_\_\_\_ no

**I acknowledge that I have read and understand this agreement, received a bicycle in good working condition, a copy of my loan agreement, a lock/key, and a helmet.**

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Res Fac Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Items Returned: Bicycle Lock**

Date Returned: \_\_\_\_\_ Res.Fac. Signature: \_\_\_\_\_

I acknowledge that the Residence Facility Staff has refunded my \$10.00 bicycle deposit:

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Res/Fac Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note any repairs needed to bicycle:

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