

## BHC APPLICATION FOR BIKE STORAGE

Unit Owner Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Make/Color of Bike \_\_\_\_\_

I Request a Lower Storage Rack, Yes or No \_\_\_\_\_

I agree that I do own or will own a bike by January 1<sup>st</sup>, and if stored in the bike room, it will be used primarily by me on a regular basis.

I agree to abide by all the rules for the Bike Storage facilities as published by Beacon House and posted in the bike room.

I agree to hold harmless and indemnify Beacon House, its agents, employees and Board of Directors from any and all expenses, responsibility or liability for injury (including death) to themselves, their family members and guests when using the bike facilities including the bike room and outside storage racks.

This release and discharge shall cover, without limitation, any loss or damage resulting from any movement of a bicycle by Beacon House staff, any vandalism, theft, fire, hail, wind, hurricane, collision, rain or any other act of God.

I assume all liability for damages, other than normal wear and tear, to all the property of Beacon House.

Unit Owner Name: \_\_\_\_\_

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

Approved by BHC Management \_\_\_\_\_ Date: \_\_\_\_\_

Rack # Assigned by Bike Committee Chair \_\_\_\_\_

