



Lifecycles Travel Pty Ltd

Bike Hire Acknowledgement of Risk, Release and Indemnity form:

Lifecycles Travel strictly and expressly relies on each traveller to read, sign and return our Acknowledgement of Risk, Release and Indemnity form. You cannot hire a bike without a signed and completed copy of this form.

I hereby declare that I and everyone using the bicycle(s) I am now **renting** have the **necessary experience** to use it/them and that I have **tested and checked** its/ they're in **perfect working condition**. I will notify Lifecycles Travel immediately of any eventual **malfunctions or breakages**. I declare that the bicycle(s) **will not be used improperly** and that I will personally deliver it/them to the **agreed return location** on the final day of rental.

I authorise Lifecycles Travel to charge me for all **eventual costs in case of damages** to the bicycle(s) during my rental period, comprehensive of labour. In case of theft, I will be responsible for reimbursing Lifecycles Travel for the **original purchase price of the bike**, plus the **cost of any accessories** that were provided at the time of the bike rental.

I agree to not hold Lifecycles Travel its operators, agents and employees responsible for personal injuries or property damage, loss or delay, or change of itinerary incurred by any person or renter arising out of the act of negligence of any direct or supplemental carrier, or other person rendering any of these services, nor shall Lifecycles Travel be responsible for any injuries, death, damage, loss or delay in any means of transportation or by reasons of any event beyond the actual control of Lifecycles Travel, or of any agent or supplier.

Once a hire bike is booked, 25% of the rental cost will be non-refundable. Cancellation within 1 week of the rental will be 50% non-refundable.

The person/s hiring a bike/s from Lifecycles Travel (please print)

Signature _____ Name _____

Email _____ Phone number _____

Drivers Licence./Passport number _____

Travel Insurance Policy number (if applicable) _____ Insurer _____

Do you have any specific medical issues or allergies must be listed below e.g. Asthma, Anaphylaxis etc

Date _____