



BIKE RENTAL AGREEMENT

Thank you for choosing to stay at The Astro. We are excited that you have decided to explore Santa Rosa on one of our Shinola Bikes. This agreement outlines the care we ask all guests to adhere to for The Astro's shared equipment. Complete and review the information presented in its entirety and please let us know if you have any questions. We thank you in advance for your adherence to our Bike Rental Agreement.

Name: _____ Room #: _____

Phone: _____

Section to be completed by Astro Staff

Date(s): _____ Total Number of Bikes: _____

Bike type(s): _____

Date & Time Out: _____ Date & Time In: _____

Any existing wear & tear: _____

Damage found upon return: _____

Rental Cost: _____ Total Cost (includes damages): _____

Please initial by each of the following:

____ I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, release The Astro Motel, agents, and employees from any liability for damage or injury to myself or any person or property resulting from negligence, adjustment, selection and use of this equipment. I, understanding the inherent risk involved in using this equipment, accept full responsibility for any and all such damage or injury which may result.

____ I understand that I will be charged \$40 per day per bike. This fee is nonrefundable.

____ I accept for use, as is, the equipment in good condition and accept the full responsibility for care of equipment while in my possession. I will be responsible for the prompt replacement at full retail value of all rental equipment not returned or damaged, other than reasonable wear and tear, which results from the use of this equipment.

____ I agree to return rental equipment by the agreed time to avoid additional charges.

____ I accept the terms of this agreement and accept responsibility for the above charges.

Renter Signature: _____ Date: _____

Staff Signature: _____ Date: _____

GUESTS RECEIVE A COPY OF THE SIGNED WAIVER

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