

Adapt Ability Rental Terms of Use

I _____
(Parents/Guardians Name)

of _____
(Child's name)

understands that the Adapt Ability Organization is renting an adaptive bicycle for the use of learning how to ride an adaptive bicycle, for the improvement of mobility, for therapy and/or for exercise. (Letters of approval by doctors and therapists have been presented at the time of the completion of the application). (Provide letters: yes____ No____). _____(Initials)

Parents that do not provide letters of authorizations and recommendations from doctors and therapists are responsible for their child's well being everytime that the child is using the adaptive bicycle (rental). (We, Adapt Ability always recommends, consulting with your child's doctor and/or therapist before engaging in any type of exercise or program (riding an adaptive bicycle), especially if your child have a medical condition, use good judgment and common sense about your child's own fitness level and ability when engaging in the use of riding the adaptive bicycle and if something doesn't feel right, stop immediately and seek medical attention as necessary).

I understand the recommendation and I as a parent of _____
Child's name
take full responsibility. _____(Initials)

I have been instructed on how to use the adaptive bicycle, how to use all
harness and safety straps and how to use the brakes and gears (if applicable). I
have been instructed to use (myself or child) a helmet, safety gear and
to keep the safety flag on at all times. _____(Initials).

I understand that Adapt Ability is renting a brand new adaptive bicycle and
we are responsible to return it in good condition. The adaptive bicycle is a
rental for a period of time and needs to be returned in or before the time
mention in this agreement, (not to keep no matter the circumstances). We are
responsible for any damages to the adaptive bicycle and we will pay for those
damages. _____(Initials)

The adaptive bicycle will be rented for the period of _____.
Starting on_____. The adaptive bicycle needs
to be returned before or on_____. _____(Initials).

I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT. I HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.

Signature of Parent/Guardian for anyone under 18 years of age

Date



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