CANOE OUTFITTERS OF FLORIDA, INC. DATE_____
561-746-7053 Office Use: _____

_____
Name Address City Zip code Phone #

Departure Time _____ #Adult Bikes _____ #Child Bikes _____**OTHER**_____

RENTAL AGREEMENT: I AGREE TO RETURN TO THE STARTING POINT BY 5PM OR BE CHAGED 50 CENTS PER MINUTE AFTER 5PM. IF I FAIL TO RETURN MY BIKE BACK TO THE STARTING POINT, I WILL BE CHARGED THE RENTAL FEE PLUS $100.00 PER BIKE.

_____
Signature of person making deposit

READ CAREFULLY!! THIS IS A WAIVER AND RELEASE OF LIABILITY

I UNDERSTAND THE BIKE PATHS ARE MADE OF SHELL ROCK AND I CAN EXPECT FOOT TRAFFIC ON THE SAME PATHS.
I realize that risks from falling, running into objects, lightning strikes, animal and insect bites and other dangers exist in my participation of biking activities made available by CANOE OUTFITTERS OF FLORIDA, INC. (COF). I represent to COF that I and the persons for whom I am responsible are in good health and physically able to safely participate in the sport of biking. I realize and agree to inform minor children in my care that participation in biking may result in property loss, delay, illness, injury, paralysis or death due to the foregoing dangers, the negligence of others, forces of nature, or other causes known or unknown. I specifically realize that the dangers increase significantly if anyone leaves the shell rock trails and enters the bush and off limit areas of the park. I am also aware that medical services may not be readily available or accessible during part or all of these activities. By my participation in these activities, I hereby knowingly and expressly assure all risks arising out of them. I also on behalf of myself, my personal representative and my heirs hereby covenant not to sue and I agree to release, hold harmless, and indemnify COF and its agents, officers, employees or successors from any and all contract or negligence claims and suits for bodily injury, property damage, **wrongful DEATH,** loss of services or otherwise which may arise out of my participation in this activity or in the participation of those persons or children for whom I am legally responsible. I further agree to participate in this activity only if every member of my party (including myself) is issued and properly uses the helmet provided by COF realizing that the proper use of this helmet is our responsibility. I understand that use of equipment furnished by COF constitutes an acceptance of said equipment on a lease basis "As Is". I agree to return all rental equipment in its present condition, ordinary wear and tear excepted. Failing to do so, I agree to reimburse COF at retail replacement cost, and to pay all cost in the enforcement of this agreement. This contract shall be governed by and constructed in accordance with the Laws of the State of Florida, and the parties agree that the venue and jurisdiction for any action or proceeding arising out of this rental contract shall be in Palm Beach County, Florida, this contract shall be construed without regards to any presumption or rule requiring construction against the party causing the rental contract to be drafted. As a supervisor of a minor child, I make this agreement individually on behalf of this minor child, to induce COF to allow the child to ride on a bike.

Notice to the minor child's natural guardian: Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if COF uses reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in this activity, which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from COF in a lawsuit for any personal injury, including DEATH, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this from, and COF has the right to refuse to let your child participate if you do not sign this form.

Each line is one person. Print name, first & last. ***Everybody signs if they can read & write.***	***Signature of every person*** **(if unable to read & write, Parent or guardian to sign)**	**Telephone #**	**Color & make of vehicle**
1.			
2.			
3.			
4.			
5.			
6.			