## St. Louis Downtown Bicycle Station - Day/Week Use Form

Name		Male [ ] Female [ ] Home	
Address		City	
State	Zip	Telephone	
Email Address			
Would you like to be added to Ur	ban Shark's ema	ail list for DBS Updates? Yes [ ] No [ ]	
Please describe your bicycle:			
Brand/Make	Model	Color	
Type of Bicycle	e of BicycleDistinguishing Features/Accessories		
Office Use Only:			
Accepted by:			
Membership Type: Day [ ] Week	ń		
Locker Lock: Yes [ ] No [ ] #		ke Lock: Yes [ ] No [ ] #	
Credit Card [ VISA / MC / DISC / A		URBAND	
Name:		nm/vvl	
#:			
<b>"</b> -	Sec #/	v-code.	
Waiver of Liability			
I RELEASE the Partnership for Downtown Scity of St. Louis, Great Rivers Greenway, L and successors (together, "the Parties") fr Downtown Bicycle Station (DBS) or operations, or commuting to and from the DBS	Urban Shark, all spo om any and all cla tion of a bicycle, w , including any and LINQUISHED. I agr	ontown St. Louis Community Improvement District, the onsors, and their employees, agents, representatives, aims and/or damages which result from my use of the while on or upon the premises of the DBS or Urban d all claims related to the negligence of the above. Any the to INDEMNIFY, AND HOLD HARMLESS the Parties from my use of the DBS.	
=		hers injured or damaged as a result of my use of the	
DBS. Operation of any bicycle, is done AT dangers. I promise to take due care.	MY OWN RISK. I A	SSUME FULL RESPONSIBILITY for any resultant risks or	
•	ΓΙΟΝS concerning	use of the DBS. I understand it is recommended to use	
•	JLL RESPONSIBILIT	TY FOR ANY LOSS OR PROPERTY DAMAGE; if I damage	
any property, I will be held accountable.  Lam aware that my membership may be t	erminated if I do i	not follow the rules. Upon termination of my	
membership, I understand that I must ret			
I HAVE READ AND UNDERSTAND THIS AGE LIABILITY:	REEMENT, AND IN	ITEND THIS TO BE AN UNCONDITIONAL RELEASE OF ALI	
SIGNATURE:	DATE:		