

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am borrowing the following equipment (the “Equipment”) from the Moore Family Center for Whole Grain Foods, Nutrition & Preventive Health:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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The rental period for my Equipment is from \_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_. I understand that it is my responsibility to pick up the Equipment, and to return it to the same location at the end of my rental period unless otherwise agreed by both parties. I agree to return the Equipment to the Moore Family Center in the same condition that it was in on the day I rented it, normal wear and tear excepted.

I, \_\_\_\_\_\_\_, have read the Blender Bike Pro Guide and/or the Milling Bike Guide and will follow the instructions and guidelines listed to in order to maintain the integrity of the bike.

I understand that there is no charge for the rental of the Equipment. However, in the event that the Equipment is lost or destroyed during my rental period, I agree to replace the Equipment at my own expense. Also, if the Equipment is damaged during my rental period, I agree to have the Equipment fixed or replaced.

I understand that the Moore Family Center is not liable for any personal injury and property losses or damage occasioned by, or in connection with the possession or use of the equipment.

I hereby release from liability and agree to indemnify and hold harmless the Moore Family Center for Whole Grain Foods, Nutrition & Preventive Health, and any of its employees, agents or volunteers representing or related to the Moore Family Center, for any liability in connection with the use or possession of the equipment. This release is for any and all liability for personal injuries and property losses or damages occasioned by, or in connection with the possession or use of the equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Borrower’s Signature Moore Family Center Staff
 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date