

# Bike Share Scheme Registration Form

Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_  
Student Email: \_\_\_\_\_  
Student Contact Number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time of Issue: \_\_\_\_\_

- I agree to return all the bike equipment in the same state that I have borrowed it. Otherwise costs of repair or replacement may be charged.
- I agree to report any damage, theft or accident that has occurred during the length of my loan, before or at the expected time of return.
- I agree to operate the bike in a safe and responsible manner, including wearing a helmet while riding.

Signed: \_\_\_\_\_

## Office Use

Bike Number:  
Helmet Number:

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## RETURNS

### Office Use

Time of Return: \_\_\_\_\_  
(Must be returned before 5pm)

Signed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_