



**MASSANUTTEN MOUNTAIN BIKE PARK  
RENTAL AGREEMENT**

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_ Unit No. \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

I want to rent a mountain bike and participate in mountain biking and associated activities at the Massanutten Mountain Bike Park ("Park").

**PLEASE INITIAL** \_\_\_\_\_ I have been instructed in the use of brakes, gear shifting, and quick release (wheels if applicable and seat post) mechanisms on this bicycle.

**Damage Responsibility** I accept full responsibility for the bike, helmet, and all accessories while in my possession, and agree to reimburse Massanutten Resort for any and all loss or DAMAGE to the bicycle, helmet, or accessories other than normal wear and tear resulting from use, as determined by Massanutten Resort. I authorize the use of the attached credit card imprint or other prearranged method of payment for said costs incurred.

I understand I can purchase a Damage Waiver. The Damage Waiver does not cover loss or theft of bike; Damage Waiver does not cover damage due to changes to bike set-up made by Renter without Resort consent; and Damage Waiver does not cover intentional abuse or damage

**PLEASE INITIAL** \_\_\_\_\_ I wish to purchase a Damage Waiver (\$17 fee applies): **Yes / No**

I accept the bike and all rental equipment "**AS IS.**" I accept full responsibility for the care of the bike and all rental equipment during the period of my rental. I will be responsible for any and all damage to the bike and/or rental equipment during the term of the rental. I will pay for the replacement cost of any bike and/or rental equipment that is lost or stolen or that is damaged beyond normal wear and tear.

As a condition of being permitted to rent the bike and/or rental equipment, and to participate in the Park, I certify that I have read and signed the Massanutten Mountain Bike Park Assumption of Risk and Participation Agreement, and that I voluntarily agree to accept and comply with all of terms of that agreement. On behalf of myself, and any minor on whose behalf I rent a bike and/or equipment, I understand there are serious risks involved in mountain biking and participating in the Park. **I am aware of these risks and voluntarily assume the risks of all injuries or death that relate to participation in the Park.**

**WARNING:** Under Virginia law, there is no liability for an injury to or death of a participant in a project activity conducted at this location if such injury or death results from the inherent risks of the project activity. Inherent risks of project activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to the injury or death. **You are assuming the risk of participating in this project activity.**

**COVID-19 WARNING:** An inherent risk of exposure to COVID-19 and other disease exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the CDC, older adults and people who have underlying medical conditions are especially vulnerable. By visiting the Resort and Bike Park, you and your party voluntarily assume all risks related to exposure to disease and COVID-19.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT  
I ACCEPT AND AGREE TO ITS TERMS VOLUNTARILY**

I AM THE PARTICIPANT AND REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE:

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

I AM THE PARENT OR GUARDIAN OF THE ABOVE-NAMED PARTICIPANT(S) UNDER 18 YEARS OF AGE:

I am at least 18 years of age and am the parent/guardian of the above-named minor child/children and have full authority to sign this Agreement on their behalf. I have carefully read this Agreement and understand its contents. I understand and agree that by signing on behalf of the minor(s), the minor(s) and I agree to be bound by its terms to the fullest extent the law will permit.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Check this box if:  
 Helmet and/or Pads  
 Only Rental

Bike Model and Number : \_\_\_\_\_  
 Helmet : \_\_\_\_\_ Knee/Shin : \_\_\_\_\_  
 Upper Body Armor : \_\_\_\_\_ Elbow : \_\_\_\_\_

<b>Pre-Ride Inspection:</b>			
Date: _____	<input type="checkbox"/> Drop Test	Date: _____	
<input type="checkbox"/> Ride (Shift, Brake, Jump)	<input type="checkbox"/> Suspension	Time Out: _____	AM / PM
<input type="checkbox"/> Gears	Front PSI: _____ Rear PSI: _____	Rental Period: <input type="checkbox"/> 4 hour <input type="checkbox"/> Full Day	
<input type="checkbox"/> Wheel Axles (F/R)	<input type="checkbox"/> Tire Pressures (F/R)	<input type="checkbox"/> Pathway <input type="checkbox"/> _____	
<input type="checkbox"/> Brakes	<input type="checkbox"/> Bolts / Hardware		
_____ Pre-Ride Tech's Signature	_____ Check Over Tech's Signature		

**Post-ride Inspection:**

\*If they did not purchase insurance, we need to do the inspection with them present

\*\*If they did purchase insurance, they do not need to remain in the shop while the inspection is done



**SCAN**  
 Listen, Look & Feel  
 to Identify Damage

Post-ride Tech's Signature: \_\_\_\_\_