

BICYCLE REGISTRATION FORM

{One form per bicycle - print clearly}

DATE: _____

Name: _____

Address: _____

Phone {H}: _____ {W}: _____

Cell Phone: _____ E-mail: _____

BICYCLE INFORMATION:

Manufacturer: _____

Model Number: _____

Bicycle color: _____ Length of bicycle: _____

Bicycle serial number: _____

Yearly storage fee of \$25.00 per bicycle will be charged to your account. Please make check or money order payable to: Darlington Ridge Condominium Association, Inc.

Replacement of lost keys will cost \$5.00 per key.

Date Paid: _____ Check number: _____ Date: _____

Replacement of keys

Key: _____ Check number: _____ Date: _____

Storage location: Building #: _____ Street: _____

Closet #: _____ Bicycle hook #: _____

HOLD HARMLESS FORM

I, _____ fully understand that I have been given permission by the Board of Trustees to utilize a storage room in accordance with Policy Resolution No. 10, which I have read and understand. I understand that if I do not abide by the Resolution, my permission to utilize a storage room may be revoked by the Board of Trustees.

I further understand and agree to the following conditions:

1. I am using the storage room at my own risk. The Association will not be responsible for damage or theft in connection with any stored items.
2. The Association does not accept any responsibility for my stored property and no bailment relationship is created by allowing me to use a storage room.
3. On consideration for being permitted to use the limited storage space available, I agree to indemnify, defend and hold harmless the Association from any liability created by use of a storage room including but not limited to damage to person or property.

NAME: _____

ADDRESS: _____

DATE: _____

SIGNATURE: _____

STORAGE ROOM NO.: _____