BICYCLE STORAGE REGISTRATION FORM

Cyclist Name: _____ Date of Sign-Up: ___/___/___

Company Name: _____ Suite # / Floor _____

Office Phone #: ( ) - _____-_____ Email: _____

Bike Description: _____
(Color) (Style/ Model)

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Please note the following before signing up:

1. There is a limit of 60 spaces available. Spaces are first come, first served. Reservations are not allowed.

2. All cyclists shall access the bike room through the exterior card reader ONLY!
No bicycles are to be transported through the lobby

3. No riding in the building. Bicycles must be walked at all times.

4. The Bicycle Room hours are from 6:00am - 6:00pm Monday - Friday.

5. Riverrock Real Estate Group is not responsible for personal property damage. Bicycles are parked at the bicycle owner's risk.

6. Bicycle locks should be used to secure bicycles at all times. Locks will not be provided.

7. Only store bicycles on the rack. Do not block the entrance or exit to the Bicycle room or position bikes in a manner that will impede others from entering or exiting the area.

8. Smoking or eating in the Bicycle room is not permitted.

9. Riverrock reserves the right the amend any Rule or Regulation in this document.

I have read and agree to the terms stated above.

Employee Signature: _____ Date: ___/___/___