



## BIKE ASSIGNMENT

Bike Description: \_\_\_\_\_ Serial No. \_\_\_\_\_

Assigned to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

I, the undersigned, agree to the use of the Arkansas Freedom Fund (AFF) bicycle for my own therapy and personal health, and will represent the AFF in any rides that I am able to attend. If I should be unable to ride, I will return the bike to the AFF for someone else to use during a given ride, after which the bike will be returned to me.

**If at any time I decide that I no longer require the bike for my own therapy or personal health, or if I decide that I no longer desire to ride the bike, I will return it to the AFF.**

I agree to take full care and custody of the bike and provide coverage on my personal insurance policy.

I also agree that the AFF and its agents shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, or death to any person or property, from any cause or causes whatsoever during the term of this assignment. I agree to indemnify, defend, save, and hold harmless the AFF and its agents from all liabilities, charges, expenses, and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses occurring from the use of this bicycle.

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

Wounded Warrior

DATE: \_\_\_\_\_

Authorized by: \_\_\_\_\_

AFF Board Member

DATE: \_\_\_\_\_