

Mobility Equipment Rental Form

Scooters \$45 per day Wheelchairs \$25 per day
ECV (Electric Convenience Vehicle) \$65 per day



CONTACT INFORMATION

LAST NAME	FIRST NAME	ROOM NUMBER
HOME PHONE		CELLULAR PHONE
HOTEL NAME HYATT REGENCY ORLANDO		

RENTAL INFORMATION

RENTAL TYPE <input type="checkbox"/> Scooter <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: <input type="checkbox"/> ECV	_____ unit #	START DATE	END DATE	NO. OF DAYS	RENTAL AMOUNT \$
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PAYMENT INFORMATION

Payment Type:	<input type="checkbox"/> Room Charge <input type="checkbox"/> Credit Card <input type="checkbox"/> AR Account <input type="checkbox"/> Bill to Hotel	TOTAL AMOUNT OWING \$	
CREDIT CARD NUMBER	EXPIRY DATE /	CVV Code	AUTHORIZATION NUMBER
NAME ON CARD		SIGNATURE	

TERMS AND CONDITIONS

- Upon rental completion, scooter, key and charger (if applicable) are to be returned to the location from which the scooter was rented. If these items are not returned, the undersigned will be financially responsible for applicable replacement costs. *Lost Key: \$5.00 - Lost Charger: \$50.00.*
- Refunds cannot be issued for inclement weather or other issues beyond our control.
- Mobility scooters are single-person vehicles and no additional riders are allowed at any time.
- Children 16 years of age or under are NOT permitted to operate or ride on the equipment for any reason.
- Vehicle operators must remember that pedestrians always have the right of way.
- Mobility equipment is not a ramming device and must not be used to open doors or to force or create an opening or path.
- Mobility equipment must not be operated on steep hills or ramps. When in doubt, drive around obstacles to avoid problems.

RENTAL WAIVER

By signing below, I, *The Undersigned*, agree that I have read and understand and fully accept the *Terms and Conditions* above and on the *Axiommd LLC Rental Waiver* on the reverse of this form.

Print Name

Date

X

Signature of Equipment Renter

Date

**Hyatt Regency Orlando Fax:
407-345-4500**

Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the persons or entities being released, sponsors, and organizers of any activity or event in which I may participate in the activity listed above, and that it will govern my actions and responsibilities of said activity or event.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Axiommd LLC and/or their directors, shareholders, volunteers, representatives, the activity or event holders, activity or event sponsors, activity or event volunteers, and owners of properties where event / activity takes place.

I INDEMNIFY, HOLD HARMLESS, AND AGREE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, acts of God, natural disaster, condition of participants, equipment, vehicular traffic, vehicles, lack of hydration, actions of other people including, but not limited to, participants, volunteers, activity or event holders, activity or event sponsors, representatives and/or producers of the event, property owners where event / activity takes place, and or members of the general public. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness.

I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Scooter Concierge LLC. event holders, sponsors, organizers and assignees.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AS WELL AS A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I AM OVER THE LEGAL AGE OF 18.

Print Participants Name: _____ Age: _____

Signature of Participant: _____ Date: _____

Address: _____

Telephone: _____ Email: _____