

BICYCLE REGISTRATION and SECURE BIKE ROOM ACCESS

BU STUDENT BU EMPLOYEE BMC EMPLOYEE

NAME: _____ ID CARD NUMBER: _____

ADDRESS: _____

PHONE: _____ WORK EMAIL: _____

MAKE: _____ MODEL: _____ COLOR: _____

NOTABLE FEATURES _____ SERIAL NUMBER: _____

SECURE BIKE ROOM USER AGREEMENT

By signing this document, I agree:

- Each user must tap or swipe their own ID card for access
- I will not let anyone enter on my access card
- I will close the door behind me.
- I will park responsibly taking only ONE space
- I will not lend my access card to anyone else
- I will lock my bike
- I will not leave my bike overnight except due to emergency, weather, or work shift
- I understand that I assume full responsibility when I choose to use the bike cage. BUMC will not be responsible for any loss, theft, or damage to my bicycle or belongings
- I understand that any violation of these rules may result in suspension of bike cage access

Guidelines subject to change.

SIGNATURE: _____

DATE: _____

For BUMC-BMC Parking & Transportation Services Use Only

Sticker #: _____ Application date: _____ Notes: _____

Paid