

**STRATTON HOUSE CONDOMINIUM UNIT OWNERS ASSOCIATION**

**BICYCLE STORAGE ROOM USAGE AGREEMENT**

NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

TEL. NUMBER: \_\_\_\_\_

BICYCLE DESCRIPTION: \_\_\_\_\_  
(MAKE, COLOR, ETC.)

I agree that I use the Bicycle Storage Room at our/my own risk and expense and that all items that I place or store in the Bicycle Storage Room are stored there at my risk and expense. I acknowledge that the Association accepts no responsibility for any person using the Bicycle Storage Room or for any items, including bicycles, stored within the Bicycle Storage Room nor for their loss, damage, vandalism and/or theft. I agree to indemnify and hold the Stratton House Condominium Unit Owners Association, its Board of Directors, Officers, and management agent harmless from and for any personal injury or property damage or loss arising from my use of the Bicycle Storage Room.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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**FOR ASSOCIATION USE ONLY:**

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

KEY DEPOSIT PAID: \_\_\_\_\_

SHC KEY NO: \_\_\_\_\_