

I certify that I have read and expressly agree to Scoot Rental Inc. (dba as Scoot Rentals) Terms and Condition of Use posted on the GO SCOOT APP and <u>www.GoScoot.ca</u>. The "Rider Acceptance Agreement" is an extension of the Terms and Condition Agreement and emphasizes Section 15 Releases; Disclaimers; Assumption of Risk, and acknowledgement that this section limits my legal rights and remedies. I intend my assent to this Agreement to be completed and unconditional release of all liability to the greatest extent permitted by law. I am aware that local and provincial bylaws state that 16 years or older is the recommended age to ride. I am familiar with the operation of the e scooter, and I am reasonably competent and physically fit to ride the e-scooter.

I HAVE BEEN ADVISED TO WEAR A HELMET AS IT IS REQUIRED BY LAW. I WILL USE THE E-SCOOTER AS MY OWN PERSONAL EQUIPMENT AND RIDE AT MY OWN RISK. I HAVE READ AND EXPRESSLY AGREES TO THE TERMS AND CONDITIONS OF SERVICE SET FORTH IN THIS AGREEMENT. I AM RESPONSIBLE FOR ALL RENTAL COSTS OF THE E-SCOOTER AND COSTS ASSOCIATED UNDER THIS AGREEMENT INCURRED BY MYSELF AND ALL OTHER RIDERS NAMED BELOW. LATE RETURNS PAST CLOSING WILL BE CHARGED AT 0.50 CENTS PER MINUTE. EARLY RETURNS ARE NOT ELIGIBLE FOR REFUND OR DISCOUNT.

Group Rate per person: \$0.50 cents per minute = \$30 per hour Guided Corporate Scoot with Tour Leader: \$75 for 2 hours

Organizer's Name:	# of Scooters Required:	Guided? 🛛 yes 🛛 no		
Date Requested:	Time of Arrival: Antici	pated Duration:		
the date of event. Please confirm Fl numbers decrease)	arged if members of your party cancel of NAL count attendance 24-48 in advance 24-	ce if participant		
Credit Card number:	Expiry:	_/ CVV:		
□ Paying individually □ Paying together as a group (payment by interac or e-transfer also accepted)				
ORGANIZER'S CONTACT INFORMATION:				
First Name	LastName			
Address:	City/Province:	Postal Code:		
Cell phone:	Email:			
Signature:	Date:			

PARTICIPANT RIDER(S) INFORMATION:

1. First Name	Last Name	_ Initials:
2. First Name	Last Name	_ Initials:
3. First Name	Last Name	_ Initials:
4. First Name	Last Name	_ Initials:
5. First Name	Last Name	_ Initials:
6. First Name	Last Name	_Initials:
7. First Name	Last Name	_Initials:
8. First Name	Last Name	_ Initials:
9. First Name	Last Name	_Initials:
10. First Name	Last Name	_ Initials:
11. First Name	Last Name	_Initials:
12. First Name	Last Name	_ Initials:
13. First Name	Last Name	_ Initials:
14. First Name	Last Name	_ Initials:
15. First Name	Last Name	_ Initials:
16. First Name	Last Name	_ Initials:

Remit completed form to **1-888-667-2668** <u>WWW.GOSCOOT.CA</u> <u>INFO@GOSCOOT.CA</u> LOCATION: 1601 BAYSHORE DRIVE, VANCOUVER, BC