

Root River Trail Towns Community Bike Share Program Information

Program overview

Root River Trail Towns has partnered with the City of Spring Valley to implement a free bicycle use program to the community. The program's goal is to provide recreational opportunities to the community to help encourage an active lifestyle.

How it works

Once you have read and completed the required forms, you will be issued a helmet, and a numbered key that will unlock the bike with that number. You can then go to the bike rack and unlock your bike. You should take the bike lock, key, and cable with you. If you plan on stopping anywhere, use the lock and cable to secure the bike.

Please take the time to adjust the bike prior to departure.

Put on your helmet and enjoy the ride. When you are done with the bike, return it to the Sunshine Foods bike rack and lock it. Bring the key and the helmet to the Sunshine Foods Service Counter before 9:00 p.m. Report any equipment problems or damage to the bicycles.

About the Bikes/Bike Overview

[Brand: Tuesday \(August 1 or 1S\)](#)

- Single-Speed
- Back-pedal Brake
- Aluminum Frame
- Extra Wide Comfort Seat
- Soft Leatherette Grips
- Rust-Resistant Hardware
- KMC Rust-Buster Chain

Program Sponsor

Program Sponsored by Root River Trail Towns and initially funded by the Fillmore County Statewide Health Improvement Partnership (SHIP). This program is supported by the cities of Chatfield, Fountain, Harmony, Peterson, Preston, Rushford, and Spring Valley.



Root River Trail Towns Community Bike Share Program Voluntary Waiver of Liability Agreement

IMPORTANT: This document affects your legal rights. Read carefully before signing.
The below signed individual being an adult of legal age signing on behalf of him or herself or as the legal custodian or parent of a minor, hereby acknowledges the following:

1. I understand that my participation is voluntary.
2. I acknowledge on behalf of myself this activity is NOT an ESSENTIAL service provided by the City of Spring Valley.
3. I understand and acknowledge the activity I am about to voluntarily engage in as a participant has certain risks including: crashes, contact with fixed objects and/or conflict with motor vehicles and other bicycles. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness or disease or cause damage to myself or my property, or to other persons and their property.
4. In consideration of being allowed to participate in the activity, I hereby personally assume all risks in connection with this activity and I hereby agree to hold the City of Spring Valley its officials, employees, volunteers, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City of Spring Valley or anyone working on behalf of the City of Spring Valley for any injuries or damages related to the alleged negligence of the City of Spring Valley.
5. I understand that signing this agreement affects my legal rights and result in my giving up or waiving certain legal rights, and I accept this and sign this agreement of my own free will.
6. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
7. I understand that I may be required to show a Driver's License, State-Issued Identification Card, to the Sunshine Foods Service Counter to document my identity.
8. This waiver does not apply to any injuries or damages that are the result of any willful, wanton or intentional misconduct by the City of Spring Valley or anyone acting on behalf of the City of Spring Valley.
9. My signature indicates I have read this entire document, including the **"Terms of use"** and understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

Name		I am age 18 or older <input type="checkbox"/>	
Address			
Phone		Email	
Emergency Contact		Emergency Contact Phone	
Signature			Date
If signing for a minor, print name of parent or legal custodian			

Staff Section (Check, Circle, and Initial to Complete) For riders with personal helmets circle NA.		
Liability Waiver <input type="checkbox"/>	Bike(s): 1 2 3 4 5 6 7 8	Staff Initials:
ID Verification Completed <input type="checkbox"/>	Helmet(s): 1 2 3 4 5 6 7 NA	
Terms of Use/Consent <input type="checkbox"/>	Lock System(s): 1 2 3 4 5 6 7 8	

Root River Trail Towns Community Bike Share Program Terms of Use

1. **Hours/Location.** Bikes can be checked out at Sunshine Foods Service Counter, 501 N. Park Dr. Spring Valley, MN 55975, from 7:00 a.m. – 9:00 p.m. Phone - (507) 346-2804)
2. **Helmets.** Users are mandated to wear appropriate head gear. A bike helmet will be issued to you, although you may wear your own helmet if you have one with you.
3. **Bike Laws.** Users are expected to know and follow the rules of the road, and the Minnesota bike laws found in 2014 MN Statutes, 169.222 Operation of Bicycle. **Copies of this law are available.**
4. **Daily Use.** Overnight use of bicycles is not allowed. The bike, helmet, key, lock, and cable must be returned to the Service Counter by close (9:00 p.m.) Any bikes unaccounted for after 9:00 p.m. will be considered stolen property and will be reported to the Fillmore County Sherriff’s Office. Bikes cannot be reserved and are available on a first come, first serve basis.
5. **Maintenance.** Please report any maintenance issues you experience with the bike. This includes any damage that occurs to the bike while you have it checked out. **We need to know if there are any issues with the bike so it can be fixed prior to it being checked out again.**
6. **Issuance of equipment.** Sunshine Foods has the right to deny issuance of equipment if the required forms are not completed accurately or in their entirety. Bikes will only be issued to persons 18 years of age or older and a valid form of identification may be required.
7. **Damage.** The City of Spring Valley reserves the right to charge the following: \$700 for the bike, \$40 for the helmet, and \$30 for the lock/key/cable to the person who checked out the bike if the items are returned with damage that occurred as the result of malice, negligence, or intent to destroy public property.

Root River Trail Towns Community Bike Share Program Informed Consent

Under the Minnesota Government Data Practices Act, your name, address, email address, telephone number, driver’s license, state-issued identification card, or library card information are not public data. You may choose not to provide some or all of this non-public data, but it may limit your ability to participate in this program. For example, your picture identification or library card is needed in order to ensure that the City of Spring Valley can reimburse itself in the event the bike, helmet, lock, key, or cable is damaged or not returned. By signing below, you are consenting to allow this information to be shared with City of Spring Valley and Sunshine Foods staff members that administer the Community Bike Share Program in order to administer the program. This consent expires upon return of the bike, helmet, lock, key and cable.

By signing below, you are agreeing to this Informed Consent. If you do not sign, you will not be able to participate in the program.

Signature		Date	
If signing for a minor, print your legal name as parent/ custodian			