

# Bike Trailer Application & Release Form



Organization/School: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Event:  Bike Rodeo Only  Health/Safety Fair  Other

Date of bicycle safety event: \_\_\_\_\_

Date you will pick up the Bicycle Trailer: \_\_\_\_\_

Date you will return the Bicycle Trailer: \_\_\_\_\_

Please carefully review this, Evaluation and Reporting Form and the Trailer Content Form. Note that all components of the trailer must be returned in good condition. If you are able to fulfill the required responsibilities as an event organizer, please sign the agreement below.

I agree to use the Bicycle Trailer to advance the safety of cyclists in XXXXXX County and for no other purpose. I am responsible for confirming that all equipment and supplies are accounted for upon trailer drop off. If any items are missing then I am accountable for all equipment. I agree to provide a safe and secure environment for the housing of the trailer and keep it locked at all times when not in use. I agree to provide proper care of all supplies, bikes and equipment within the bicycle trailer and will report any items that break down while in my possession. I agree to reimburse (Maintaining Agency) for all missing items and damages incurred to the trailer, bikes or supplies while the bicycle trailer is in my possession.

A 2" Trailer hitch ball is required for towing. The Lake Placid Police Department is not responsible for towing the bike trailer or for any damages incurred by towing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed application to: Lake Placid Police Department. Attention Chief Phil Williams  
8 North Oak Avenue, Lake Placid, FL 33852 [Chief@lppd.org](mailto:Chief@lppd.org)  
863-699-3757 Fax 863-699-3760

## Maintaining Agency Use

APPROVED:  YES  NO

Name of person certified to check out Trailer: \_\_\_\_\_ Date: \_\_\_\_\_  
Name must be on (Maintaining Agency's) list of those having had FTBSEP Elementary Traffic Safety Education Class

Signature of person checking out Trailer: \_\_\_\_\_

Signature of person responsible for Trailer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Maintaining Agency's contact)