

**Statement of Responsibility**

Bikes can be used by the InterContinental Sao Paulo (hotel) guests and are the exclusive property of the hotel, is designed for touring and cannot be rented, leased, and / or used, in any capacity whatsoever, by persons who are not homed at InterContinental Sao Paulo.

We lend, or give in on a bicycle lending model Aluminum Rim 26 Caloi brand helmet and lock to the ( a) guest whose data are listed below, declares that by this instrument to be responsible for keeping the bicycle, the property of InterContinental Sao Paulo, enrolled with CNPJ under 09.604.474/0001-17 for a period of \_\_\_\_ hours, after this time and date set out at the end of this term, pledging to return it in perfect condition within this time assuming make prudent use of the bicycle in order to maintain good conservation, operation and security of the same, which inspected and found to be the equipment identified above in perfect state of conservation and use, especially with regard to safety items like brakes, tires, wheels and reflective elements, as well as the helmet provided.

I declare that for all purposes agree with the rules and I am aware of the risks involved with urban cycling. Exempt Green Engage and InterContinental São Paulo program no liability for any damage caused to my physical or my personal equipment integrity for such practices.

Declare not having health problems incompatible with physical activities and, after inspection, I'm taking a bike in perfect condition for use, especially in relation to safety items like brakes, tires, wheels and reflective elements, as well as the provided helmet and mandatory .

If the bike is stolen under the responsibility of the guest / user, this should complain to the police and make a police report and is responsible for payment of the amount thereof which is R\$ 500.00 (five hundred Reais).

Name: \_\_\_\_\_

Status: \_\_\_\_\_

Profession: \_\_\_\_\_

ID or Passport: \_\_\_\_\_

CPF: \_\_\_\_\_

E- Mail: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Who notify in case of emergency:

Name \_\_\_\_\_

Phone: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must fill in all fields.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

São Paulo, \_\_\_\_ of \_\_\_\_ of \_\_\_\_\_ .