

Cedarville Car Clinic

Loaner Car Assumption of Liability Agreement

This agreement pertains to the following loaned vehicle: 2020 Honda Civic VIN: 2HGFC2F66LH597620

Date Out: _____ Mileage: _____ Fuel Level: Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$ Empty _____ Insp By _____

Date In: _____ Mileage: _____ Fuel Level: Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$ Empty _____ Insp By _____

I hereby entirely assume sole and absolute responsibility and liability for any damage to the vehicle described above and loaned out by Cedarville Car Clinic and for all damages, loss, expense, fee and/or claim resulting from or relating to the operation of said vehicle while it is in my possession or under my control. I acknowledge that the present exterior condition of the vehicle is as shown below. I agree to return the vehicle within 24 hours of notification of completion of my vehicle's repairs or pay an additional \$75 a day from that point forward for vehicle usage.

I agree to return to the vehicle with the same fuel level that is marked above or be charged \$8.00 per gallon needed to match the outgoing fuel level (which covers the cost of fuel and the time it takes us to pay someone to go to the gas station and fill it up for you.) I agree that I will not allow the vehicle to be loaned, rented, or driven by any other person and will not go beyond a 50-mile radius from Cedarville Car Clinic.

I agree to not operate the vehicle whilst under the influence of alcohol or drugs. I agree to operate the vehicle in a safe and legal manner at all times. I agree not to permit more than four (4) passengers therein. I agree not to engage in any race or speed test or contest. I agree not to tow any trailer or motor vehicle. I agree to use and require all passengers to use appropriate restraint devices as required by law. I agree to not use the same for any illegal purpose or in violation of any City ordinance or State or National Law and I shall be responsible for any violation thereof of any of the terms and condition hereof.

I have motor vehicle liability insurance coverage which complies with the State of Arkansas minimum liability requirements and is sufficient to provide primary first vehicular coverage against any and all losses, damages, expense, fee and/or claim and hereby agree to indemnify and hold harmless Cedarville Car Clinic from and against any and all losses, claims, damages, expenses and/or fees, including attorney's fees, related to my possession of said vehicle while it is in my possession or under my control, regardless of fault.

CLIENT INFORMATION

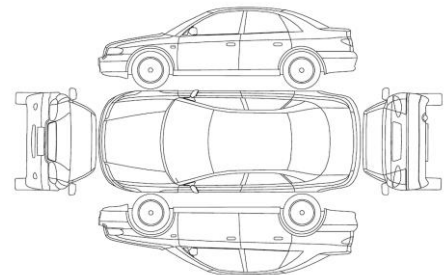
Name: _____

Driver's License No: _____

Insurance Company: _____

Policy Number: _____

Expiration: _____



Client Signature: _____