



## **Snowshoe Rental Request Form**

Personal Inf	ormation:
Full Name:	
Phone Nun	nber:
Email Addr	ess:
Address:	
Rental Type	(Check One):
0	5 hour rental) Time snowshoes were picked up: AM/PM Time snowshoes were dropped off: AM/PM
0	end Rental (Friday to Monday) Time snowshoes were picked up: AM/PM Time snowshoes were dropped off: AM/PM
	ek Rental (7 full days)  Day of the week snowshoes were picked up:  Day of the week snowshoes were returned:

## **Rental Agreement:**

If snowshoes are not returned by the date indicated on the rental agreement, an email reminder will be sent. If after 1 week and we do not have a return, a final reminder will be sent via email and a phone call will be made to ensure messages are being received. If snowshoes are not returned after the final reminder, the renters credit card will be charged for the full amount that the snowshoes were purchased for (\$135.00). Any snowshoes that are returned with damages are the renters responsibility. Any unreasonable or excessive damage to the snowshoes will result in a \$100 charge to the renter.





The renter agrees to use the snowshoes only for their intended recreational purpose. Any use other than recreational may result in additional charges.

The renter assumes all liability for injuries or damages caused by the use of the rented snowshoes.

By signing below, you acknowledge that you have read and understood the terms of the agreement and agree to be bound by its terms and conditions.

Renters Name:			<del></del>			
Renters Signature: _			<del></del>			
Date:						
OFFICE USE ONLY						
Date & Time of EM Received:	T/Cash					
Size of snowshoes(s)						
Number(s) written on the snowshoes (#1-22):						
Date & Time of Pick Up						
Date & Time of Return:						
Staff Name:						
Staff Signature:						
Date:						