



SNOWSHOE RENTAL AGREEMENT
(Only one per group needed)

Last Name _____ First Name _____
Address _____ City _____ Zip _____
Primary Phone (____) _____ Secondary Phone(____) _____
Email Address _____ Date of Birth _____

Initial each statement to indicate that you have read and understand.

1. ____ I must stay off of plowed, shoveled surfaces and asphalt to avoid damaging snowshoes. Snowshoes should be used on a MINIMUM of 3" snow.
2. ____ I must always keep snowshoes buckled and secure on my boots.
3. ____ Snowshoes are not permitted on ice.
4. ____ Snowshoes cannot be taken off Civic Center Trails.
5. ____ Snowshoes must be returned to the Recreation Activities Center 15 minutes before close of business (M-Th 7p & F 4:30p) or before the end of Nature Room open hours.
6. ____ A West Bloomfield Parks "Assumption of Risk, Waiver and Release Agreement" must be signed by all renters (or by a legal guardian if under 18) prior to using snowshoes. See back page.

Rental Information

- Cost: \$6/two hour rental. Fees will not be prorated.
- Any equipment turned in after rental hours will be charged \$5 for every 10 minutes late.
- Renters will be liable to pay for damaged equipment, even if damage is done to just one snowshoe. Damages include, but are not limited to gauges, missing parts, broken buckles. Damage fee is \$150 per pair of snowshoes.
- A driver's license or photo ID will be held as a deposit.

Date _____ Signature _____

***** OFFICE USE ONLY *****

Date of Rental _____ Time Out _____ Estimated Time of Return _____

Total # Pairs Rented _____ x \$6 =\$ _____

_____ Mens 30" (up to 220 lbs) _____ Mens/Womans 25" (up to 175 lbs)

_____ Womans 22" (up to 150 lbs) _____ Youth (up to 80 lbs)

Attach Driver's License or Photo ID to this form.

Snowshoe Condition at checkout (circle one): Good Fair (with some scratches)

_____ *AFTER SNOWSHOEING* _____

Actual Time Returned _____

Snowshoe Condition at checkin (circle one) : Good Fair (with some scratches)

Late Fee or Damage Fee Assessed: Yes No Amount Paid: _____

Driver's License or Photo ID Returned to Customer: Yes No

WB Parks Employee Signature _____ Date _____



ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT

I represent to the West Bloomfield Parks and Recreation Commission (“Commission”) that I am aware of no physical or mental restrictions that would prevent me from safely participating in any West Bloomfield Parks and Recreation activities.

I acknowledge that these activities are potentially dangerous and involve the risk of injury, death or property damage.

I assume full responsibility for any risk of injury, death, or property damage related to these activities.

In consideration of participation in the program, I agree that my likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

In consideration for my participation in the activity or activities, I waive any rights I may have against the Commission, the Charter Township of West Bloomfield, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning this activity or these activities, including transportation (if provided by the program) and the use of photographs for promotion as described above. I release and discharge the Commission, the Charter Township of West Bloomfield, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims debts, attorney fees, costs, actions and causes of action of any kind connected with this activity or these activities.

Date _____ Signature _____

Please Print Name: _____

If the participant is a minor, please complete the following:

On behalf of _____, a minor, I accept all of the terms and conditions
(Please print minor’s full name)

of this Assumption of Risk, Waiver and Release Agreement.

Relationship to Minor _____ Signature _____