

## **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 hav	e read and underst	and.		
1 I must stay off of plowed, shoveled su should be used on a MINIMUM of 3" sn		o avoid damaging snows	shoes. Snowshoes	
2 I must always keep snowshoes buckled	d 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 Recurrently, <b>4:30 p.m</b> or the end of Nat			re close of business	
6 A West Bloomfield Parks "Assumption renters (or by a legal guardian if under	•	<u>~</u>		
<ul> <li>Renters will be liable to pay for damaged Damages include, but are not limited to pair of snowshoes.</li> <li>A driver's license or photo ID will be held</li> </ul> Date Signature	gauges, missing par	ts, broken buckles. Dam		
Date Signature				
*************				
Date of Rental Time Out		ne of Return		
Total # Pairs Rentedx \$6 =\$				
Adult 30" (up to 220 lbs)	Adult 25" (up to 175 lbs)			
Adult 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 scratch	•	
	FIER SNOWSHOEING			
Actual Time Returned	<b>C</b> 1			
Snowshoe Condition at checkin (circle one):		Fair (with some scratch	ies)	
Late Fee or Damage Fee Assessed: Yes No				
Driver's License or Photo ID Returned to Custom			_	
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 Signa	ature	
Please Print Name:		
If the participant is a r	minor, please complete the follo	wing:
	Please print minor's full name)	, a minor, I accept all of the terms and conditions
of this Assumption of R	isk, Waiver and Release Agreemer	nt.
Relationship to Minor	Signature	