



P.O. Box 215, Collingwood
 Ontario L9Y 3Z5
 Tel: 705-444-0256
 www.sceniccaves.com
 email: info@sceniccaves.com

RENTAL CONTRACT

Date: _____

Please Print

Name: _____

Address: _____

City: _____

Home Phone: _____

Vehicle Make/Model: _____

The following information will be used to set up your equipment.
 It is of **UTMOST** importance that all the information be given accurately.

Name	Age	Height	Shoe Size	Skiing <input checked="" type="checkbox"/>	Snowshoeing <input checked="" type="checkbox"/>	Baby Glider <input checked="" type="checkbox"/>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Initials	RENTAL AGREEMENT AND RELEASE OF LIABILITY AGREEMENT ~ Read Before Signing
1.	<p>I accept for my use, the equipment listed on the form and accept full responsibility for the care of the equipment while it is in my possession and agree to reimburse Scenic Caves Nature Adventures for any loss, theft, or damage other than reasonable wear resulting from use. I understand that insurance coverage applies to equipment breakage only, not lost, misplaced or stolen equipment or personal injury. I understand that the bindings furnished herewith are bindings designed to reduce the risk or degree of injuries from falling, and that despite the fact that adjustments have been made I also understand that the bindings will not RELEASE under ALL circumstances and are no guarantee for my safety. Furthermore I recognize the fact that there is an inherent danger in the use of any ski or snowshoe equipment. I have been instructed in the use and verify that it has been set for my weight and ability as indicated above. I agree to RELEASE Scenic Caves Nature Adventures and / or its Directors, Officers, Employees, Volunteers, Agents and Representatives from any liability and to HOLD same HARMLESS for any injury to myself or to any other person or property resulting from the use of the equipment by me, or from any advice or act, or lack thereof, including any selection and/or adjustment made by Scenic Caves Nature Adventures or its Employees. I accept sole responsibility for any and all such damage or injury even if caused or contributed to by the negligence of Scenic Caves Nature Adventures.</p> <p>PLEASE SIGN THE RENTAL FORM AND PRESENT CREDIT CARD TO CASHIER.</p>
2.	
3.	
4.	
5.	
6.	
7.	
8.	
	I have read, understood and accepted the terms of the rental and liability agreements releasing the shop from liability.
	X Customer's Signature
	ALL SKI OR SNOWSHOE EQUIPMENT MUST BE RETURNED BY 5:00 P.M. ON RENTED DATE.

DEPOSIT REQUIRED _____

TO BE COMPLETED BY STAFF					
	Poles #	Boots #	Skiis #	Snowshoes #	Baby Glider #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					