



Snowshoe Checkout Form

CHECKOUT INFORMATION

Name :

Address :

City: State: Phone :

Email :

Age: *Person checking out the snowshoes must be age 18 or older.

Check-Out Date / Time *Snowshoes should be returned within 48 hours of check-out. If you are done with them sooner, please return to allow other users to have fun too!

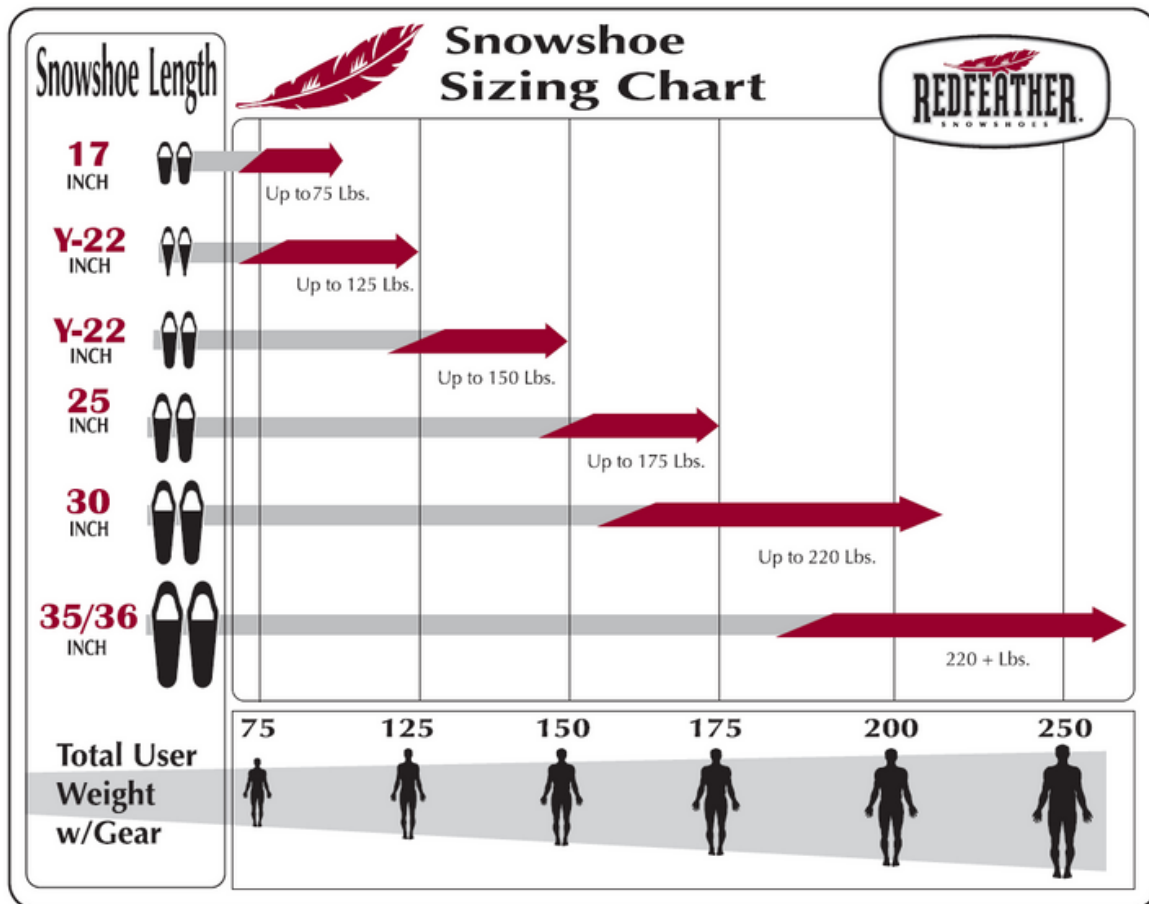
Total Pairs of Snowshoes Checked Out: Total Sets of Poles Checked Out:

RECORD FOR EACH PAIR OF SNOWSHOES CHECKED OUT

Snowshoe Size:	<input type="text"/> 17"	<input type="text"/> 25"	<input type="text"/> 30"	<input type="text"/> 36"	ID number on snowshoes:	<input type="text"/>	Pole ID #:	<input type="text"/>
Snowshoe Size:	<input type="text"/> 17"	<input type="text"/> 25"	<input type="text"/> 30"	<input type="text"/> 36"	ID number on snowshoes:	<input type="text"/>	Pole ID #:	<input type="text"/>
Snowshoe Size:	<input type="text"/> 17"	<input type="text"/> 25"	<input type="text"/> 30"	<input type="text"/> 36"	ID number on snowshoes:	<input type="text"/>	Pole ID #:	<input type="text"/>
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Snowshoe Size:	<input type="text"/> 17"	<input type="text"/> 25"	<input type="text"/> 30"	<input type="text"/> 36"	ID number on snowshoes:	<input type="text"/>	Pole ID #:	<input type="text"/>

By initialing here, I, the borrower, understand that I am responsible for returning these snowshoes within 48 hours of the time of check-out. In the event that snowshoes have been damaged or lost, the borrower will be liable for up to and including the full replacement cost of the lost/damaged equipment. Once snowshoes have been checked out they become the responsibility of the borrower.

By initialing here, I, the borrower, acknowledge that I have been provided a handout describing basic snowshoe use, proper care, and instructions. I agree to use the snowshoe in a safe and appropriate manner. I understand that snowshoes should only be used for walking on powder or packed snow, as as they can become damaged if used elsewhere.



RELEASE AND WAIVER OF LIABILITY

I understand that snowshoeing is a form of physical activity and I acknowledge that my or my child's participation in such activities can result in physical injury to me or my child. In consideration of the aforementioned and in order to participate, I agree:

1. To assume full responsibility for any risk of bodily or personal injury, illness, death or property damage arising out of my or my child's own acts or omissions while using the snowshoes provided through this program.
2. To release, waive, forever discharge and promise to hold harmless the Lunda Community Center and Jackson In Action, and its officers, directors, affiliates, employees, insurers, agents, successors, and assigns from all liability notwithstanding the negligence of any of the parties mentioned in this paragraph but excluding liability arising out of the intentional acts or willful misconduct of the parties mentioned in this paragraph.
3. On behalf of my child and/or myself, I agree to indemnify and hold harmless the Lunda Community Center and Jackson In Action from any and all claims connected with my participation or my child's participation this activity.

This consent shall act to expressly release from liability the Lunda Community Center and Jackson In Action, any and all of its staff, its agents, and representatives.

I have been given sufficient opportunity to read this document. My signature below acknowledges that I agree to be bound by the terms contained herein.

Signature of Borrower

Date