**Ski/Snowshoe RENTAL FORM**

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**Carroll Outdoor Recreation Equipment**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carroll University ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Student \_\_\_\_ Staff/Faculty**

**Local Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ski Size** | **Pole Size** | **Boot Size** | **X/C Ski price:** | **$5/day** | **$10/wknd** | **Total:** | **Late/Damage Fee:** |
|  |  |  | **Snowshoe price:** | **$5/day** | **$10/wknd** |  |  |

**Paid @ Pioneer? \_\_\_\_\_\_ Carroll Cash \_\_\_ Credit Card \_\_\_ Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date gear Picked-up: \_\_\_\_\_\_\_\_ Gear Due Back: \_\_\_\_\_\_\_Gear Returned:\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff\_\_\_\_\_\_\_\_\_\_**



**Equipment Use Waiver, Release and Acceptance of Responsibility**

**READ THIS BEFORE SIGNING! It imposes legal obligations on you.**

I hereby assume full responsibility for equipment listed on this form, and also assume all potential risks and liability associated with its use. I agree to indemnify and hold harmless Carroll University, Inc. against any and all damages and liability resulting from my or others' use of the equipment. I further release Carroll University from all liability other than intentional negligence and waive any claim I might have against Carroll University for damages of any nature, including but not limited to bodily injury, which might arise from use of the equipment.

As part of this agreement, I also represent and/or agree as follows:

* I am capable of using this equipment in a safe and proper manner.
* I will return all equipment when due and in the same condition in which it was checked out.
* If any equipment is damaged or lost while in my possession I agree to pay for its repair or replacement.
  + **For students:** **I understand that I will be billed through my Carroll University student account** on any balance not paid within 30 days. In addition, I authorize the use of financial aid funds, and/or Title IV financial aid funds, to be applied toward outstanding charges, interest and/or late fees assessed to my student account.  Initial\_\_\_\_\_\_\_\_
  + For **staff/faculty**:  I agree that Carroll University may charge me for repair or replacement. Initial \_\_\_\_\_\_\_\_\_
* I understand that I may be charged **Late Fees** of the regular daily rental rate, for each day equipment is kept past the due date.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian (If renter is under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**