



# Ski/Snowshoe RENTAL FORM



## 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:
			<b>Snowshoe price:</b>	\$5/day	\$10/wknd		

Paid @ Info Desk? \_\_\_\_\_ Receipt # \_\_\_\_\_ Carroll Cash? \_\_\_\_\_ 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: \_\_\_\_\_