



Snowshoe Rental Agreement

Agreement Terms:

1. Renter Information:

- Name: _____
- Address: _____
- Phone Number: _____
- Date of Rental: _____

2. Rental Details:

- Equipment Rented: Snowshoes
- Number of Pairs: _____
- Rental Duration: _____

3. Payment Terms:

- **Rental Fee:** Resident: \$0.00 per pair, Non Resident: \$10.00
- **Refundable Deposit:** \$10.00 per pair
- Total Amount Paid: _____

4. Refund Policy:

- The \$10 refundable deposit will be returned to the renter upon the timely return of the equipment in its original condition. If the equipment is damaged, lost, or returned late, the deposit may be forfeited in part or in full at the discretion of the rental provider.

5. Liability Waiver:

- The renter acknowledges and agrees that:
 - Snowshoeing involves inherent risks, including but not limited to injury, exhaustion, falls, or exposure to extreme weather conditions.
 - They are responsible for assessing their fitness and skill level before participating.
 - They will not hold the rental provider, its staff, or affiliates liable for any injuries, accidents, losses, or damages incurred during the use of the rented equipment.
 - They assume all risks and responsibilities associated with snowshoeing, including navigation and trail safety.
 - They have been advised to dress appropriately for winter conditions and carry necessary safety equipment.

6. Usage Rules:

- Snowshoes must be used only in appropriate snow conditions and on designated trails.
- The renter agrees to adhere to all local trail regulations and respect wildlife and natural environments.
- Equipment must not be used under the influence of alcohol or drugs.



7. Equipment Condition:

- The renter acknowledges receiving the equipment in good condition and agrees to return it in the same condition.
- Any damage or issues with the equipment must be reported immediately upon return.

8. Signature and Agreement:

- I, the undersigned, have read and understood the terms of this agreement and voluntarily agree to abide by them.

Signature of Renter: _____ Date: _____

Signature of Rental Provider: _____ Date: _____

For Office Use Only:

- Equipment Returned:
 - Condition: _____
 - Deposit Refunded: Yes / No
- Staff Initials: _____

STAFF NOTE:

** A photocopy of valid state photo id is required, if the renter has an out of state ID, please confirm a local address.

Valid ID Issuing authority: _____

Valid ID #: _____

Local Address if needed:
