



RENTAL AGREEMENT

Name of Renter: _____ Date: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email Address: _____

Identification: (Driver's License or Major Credit Card) _____

How did you hear about us? _____

_____ Snowshoes @ \$6/pair (4 hours)	\$ _____
_____ Ski Packages @\$12 or \$15/set (4 hours)	\$ _____
_____ Fat Bike @\$15.00 (1 hour)	\$ _____
_____ Other Equipment	\$ _____
25% Discount for families of 4 or more	\$ _____

Total Paid \$ _____

I agree that I am responsible for this equipment and will use it in a reasonable manner. I agree that the equipment will be returned at the designated time and that I will be responsible for any replacement costs should I fail to do so. Rental is for a period of 4 hours unless otherwise arranged.

Time Out: _____ Time Due Back: _____ Time Returned: _____

Signature: _____ FOTST Staff: _____

ELEMENTS OF RISK WAIVER – ALL USERS OF EQUIPMENT MUST SIGN

Recreational programs present various elements of risk. Accidents resulting from such activities may occur and cause injury. The risks associated with the activity MUST be assumed by the participants. A few examples which might occur:

- Personal Injuries
- Travel Accident

These accidents result from the nature of the activity and can occur without fault on either the part/act of the participant, or the Friends of the Summerstown Trails or the Township of South Glengarry, the United Counties of SDG, the South Nation Conservation, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Friends of the Summerstown Trails does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of individuals participating in this activity.

I have read the above. I understand that in participating in this activity, I am assuming the risks associated with doing so.

User 1: Name (Please print) _____ Signature: _____

User 2: Name (Please print) _____ Signature: _____

User 3: Name (Please print) _____ Signature: _____

User 4: Name (Please print) _____ Signature: _____

User 5: Name (Please print) _____ Signature: _____

Parent or legal guardian please sign for those under 18 years.

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