



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Destination: _____ (i.e. Mammoth, Sierra Summit etc.)

email _____

Height _____ Weight _____ Age _____

Skier type **I** SLOW TO MEDIUM SPEEDS **II** MEDIUM TO FAST SPEEDS **III** ALWAYS FAST SPEEDS

Boot Sole Length _____ mm Release Code _____ letter

CUSTOMER'S EQUIPMENT	
Ski / Snowboard Make / Model _____	
Binding Make / Model _____	
Boot Make / Model _____	

Date out _____

Due _____

Days _____

Snowboard Stance (Circle One) Regular Goofy

Amount \$ _____

RENTAL EQUIPMENT

Ski/ Snowboard #		Poles	Ski, Visual Indicator Settings	
Boot #		Y/N	Left T	Right T
Wrist Guard #		Helmet #	H	H
		Other #	Tech Initials X	

Deposit \$ _____

Damage \$ _____

Late Fee \$ _____

ACKNOWLEDGMENT OF PERSONAL INFORMATION & EQUIPMENT INSTRUCTIONS

I have accurately represented the above listed information. I will not use any of the equipment until I have received instruction and fully understand its use and function. I verify that the visual indicator settings, recorded on this form for downhill skiing, agree with the numbers appearing in the visual windows of the equipment listed on this form.

Equipment User's Initials _____ X _____ Parent or Guardian Initials (if required) _____ X _____

RENTAL SHOP IDENTIFYING EQUIPMENT NUMBERS

Ski / Snowboard Boots Wrist Guards

Helmet Other

EQUIPMENT RENTAL & LIABILITY RELEASE AGREEMENT

I accept for use as is the equipment listed on this form, and accept full financial responsibility for the care of the equipment while it is in my possession. I will be responsible for the replacement at full value of any equipment rented under this form, but not returned to the shop.

I understand that the binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release at all times or under all circumstances where release may prevent injury or death, nor is it possible to predict every situation in which it will release. In snowboarding, cross-country skiing and Twins use, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation.

I understand that the sports of skiing, snowboarding, Twins and other recreational activities involve inherent and other risks of INJURY and DEATH. I voluntarily agree to expressly assume all risks of injury or death that may result from skiing/snowboarding/Twins use, or which relate in any way to the use of this equipment.

I AGREE TO RELEASE *Action Sports*, its employees, owners, affiliates, agents, officers, directors, and the manufacturers and distributors of this equipment from all liability for injury, death, property loss and damage which results from the equipment user's participation in the sport of skiing/snowboarding/Twins use, or in any way related to use of this equipment, including all liability which results from the NEGLIGENCE of *Action Sports*, or any other person or cause.

I further agree to defend and indemnify *Action Sports* for any loss or damage, including any that results from claims or lawsuits for personal injury, death and property loss and damage related in any way to the use of this equipment.

This agreement is governed by the applicable law of this state or province. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

HELMET/WRIST GUARD RENTAL: I understand that no helmet/wrist guard can protect the user from all foreseeable impacts or injury. However, for maximum protection, the helmet/wrist guard must fit snugly and the retention system must be fastened securely at all times.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS EQUIPMENT RENTAL & LIABILITY RELEASE AGREEMENT. I AGREE TO PAY SUCH TOTAL (TOGETHER WITH ANY OTHER CHARGES DUE THEREON) SUBJECT TO AND IN ACCORDANCE WITH THE CARD ISSUER AGREEMENT.

User's Signature _____ Date: _____

Parent/Guardian: If equipment user is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the equipment user and I agree to be bound by the terms and conditions of this agreement.

Parent/Guardian Signature: _____ Date: _____

- IF YOU EXPERIENCE ANY PROBLEMS WITH YOUR EQUIPMENT, SAVE RECEIPTS. CREDIT WILL ONLY BE GIVEN IF ACTION SPORTS IS AT FAULT BASED ON ACTION SPORTS INSPECTION OF EQUIPMENT.
- THERE ARE, UNDER NO CIRCUMSTANCES, ANY REFUNDS DUE TO WEATHER.
- **IMPORTANT TIMES TO BE AWARE OF:**
 - PICK-UP EQUIPMENT AFTER 1 PM DAY BEFORE USE
 - RETURN EQUIPMENT BEFORE 1 PM ON DUE DATE
- SET-UP FEES APPLY IF CANCELLATION OCCURS 24 HOURS BEFORE PICK-UP DATE.
- NO CANCELLATION REFUNDS IF CANCELLED WITHIN 24 HOURS OF PICK-UP DATE.