



Equipment Rental & Liability Release Agreement

Rentals require a credit card or valid driver's license.

Today's Date	
Seasonal <input type="checkbox"/>	Return Date
Multiday <input type="checkbox"/>	/ /

Please fill out completely and press firmly.

Name: _____
Last First M.I.

Group Name: (if applicable) _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: () - - Email: _____

Weight: ___ lbs. Height: ___ ft. ___ in. Age: ___ Shoe Size: ___

Skier Type

SKIERS ONLY FILL THIS SECTION OUT
(Please check only one)

I am a cautious skier and prefer a lighter ski binding release/retention setting.

I am a moderate skier and prefer an average ski binding release/retention setting.

I am an aggressive skier and prefer a higher ski binding release/retention setting.

PLEASE CHECK ALL BOXES THAT APPLY

Select Equipment

<input type="checkbox"/> Skis	<input type="checkbox"/> Snowboard
<input type="checkbox"/> Premium Skis	<input type="checkbox"/> Snow Blades
<input type="checkbox"/> Boots	<input type="checkbox"/> Helmet
<input type="checkbox"/> Poles	<input type="checkbox"/> Snowshoes

FOR SHOP USE ONLY

Issued By _____

Skis No. _____ Ski Length _____

Boot Sole Length _____

Skier Code _____

Snowboard No. _____

Method of Payment	
Cash	CK GC
MC	V AE TR
TOTAL	

Toe		Heel	
L			
R			

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE "ACKNOWLEDGEMENT OF PERSONAL INFORMATION & EQUIPMENT INSTRUCTIONS" AND "EQUIPMENT RENTAL AND LIABILITY RELEASE AGREEMENT" ON THE BACK OF THIS FORM.

User's Signature: _____ Date: / /

Parent/Guardian: If equipment user is a minor, I verify that I am the parent or guardian of the minor. I have authority to enter into this Equipment Rental and Liability Release Agreement on behalf of the minor. I agree to be bound by its terms. I accept full responsibility for all medical expenses incurred as a result of the minor's use of this equipment and their use of Pats Peak Skiing, LLC's facilities, and I agree to indemnify and hold harmless the PROVIDERS from any claim brought by, or on behalf of, the minor.

Parent/Guardian's Signature: _____ Date: / /

- PLEASE NOTE - 1.** Ski bindings have been adjusted for your weight and your ability and may not be readjusted by any other person except a rental technician.
- 2.** Rental Shop closes 30 minutes after lifts close. Please return equipment immediately after your last run.

Acknowledgement of Personal Information & Equipment Instructions

I have accurately represented the requested personal information and it is true and correct. I will not use any of the equipment that is rented to me during this transaction until I have received instruction on its use and I fully understand its use and function. If I am renting downhill ski equipment I will verify that the visual indicator settings to be recorded on this form match the numbers appearing in the visual indicator windows of the rented downhill ski equipment bindings.

Equipment Rental & Liability Release Agreement

I accept for use **AS IS** the equipment listed on this form, and I accept full financial responsibility for the care of the equipment while it is in my possession. I agree to be responsible for the replacement at full value of any equipment rented under this form, but not returned to the shop. I agree to return all rental equipment by the agreed date and time.

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, 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 sport of skiing, snowboarding, 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 and snowboarding or which relate in any way to the use of this equipment.

I AGREE TO RELEASE Pats Peak Skiing, LLC, its employees, owners, affiliates, agents, officers, directors, and the manufacturers and distributors of this equipment (collectively "PROVIDERS"), from all liability for injury, death, property loss and damage which results from the equipment user's participation in the sport of skiing/snowboarding, or is in any way related to the use of this equipment, including all liability which results from the **NEGLIGENCE OF PROVIDERS**, or any other person or cause.

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

This agreement is governed by the applicable laws of New Hampshire. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I further agree that any claim or suit that I may bring for any reason against the **PROVIDERS** shall be brought only in the state or federal courts of New Hampshire and that I must put the providers on written notice of any claim within sixty (60) days of the event giving rise to the claim.

EMERGENCY MEDICAL RELEASE FORM

Pats Peak Ski Area

The purpose of this form is to give permission to the Pats Peak Ski Patrol, any responding ambulance service and/or Concord Hospital to provide emergency treatment for your child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency medical treatment however, will not be delayed while trying to make this contact.

(We) (I) Hereby grant permission to _____

(Print name of the ADULT person who is present)

Group/Program Name: _____

to secure Emergency Medical Care as _____

(Print name of minor)

Address: _____

City/State/Zip: _____

may require, for a period from _____

to _____

(Include entire length of program)

In the event of multiple persons being given permission, on first line above, write: (Any person listed below)

Names of person(s) authorized: _____

List any medication(s) the minor taking: _____

Lift any allergies: _____

I have read and understand the information on the emergency medical form. All the information I have provided is true and complete.

Signature of parent or legal guardian

Print name and relationship

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other: _____

**LEARN TO SKI AND RIDE PROGRAM/GROUP COORDINATOR:
KEEP THIS FORM WITH YOU IN THE EVENT OF AN EMERGENCY;
BRING THE FORM TO THE SKI PATROL OFFICE.**