

ONE PERSON PER FORM – PLEASE PRINT CLEARLY



**RENTAL, LIABILITY
RELEASE AND CONSENT
AGREEMENT**

P.O. Box 1640 North Conway, NH 03860
603-356-5544 • www.cranmore.com

No. _____

DATE _____

TIME FINISHED

PLEASE FILL IN SHADED AREAS ONLY (PLEASE PRINT)

LAST NAME		FIRST	
PERMANENT ADDRESS			
CITY		STATE	ZIP
LOCAL LODGING			
E-MAIL		<input type="checkbox"/> I WOULD LIKE AN INVITATION TO RECEIVE E-MAIL ALERTS ON SNOW CONDITIONS, NEWS, DISCOUNTS AND EVENTS.	
PHONE NUMBERS	HOME	WORK	LOCAL
AGE	WEIGHT LBS.	HEIGHT	SEX M F
SKIER TYPE (circle one) I- I II III III+		SKIER CODE	SHOE SIZE

WARNING & BINDING EQUIPMENT ACKNOWLEDGMENT

All information I have provided for this form is true and correct. I will not use the equipment provided under this agreement until I have received instruction and understand its use and function. 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 in other binding systems the system will **not** ordinarily release during use. My signature on this form affirms that I have verified that the visual indicator settings on this form (if any) agree with settings on the equipment provided to me.

SIGNATURE (Parent/Guardian if equipment user is minor)

EQUIPMENT	NO. DAYS	AMOUNT	SERIAL NO.	SHOP CLERK		DATE IN	
				OUT	IN		
SKIS		\$					
BOOTS		\$					
POLES		\$					
SNOWBOARD		\$					
SNOWSHOES		\$					
HELMET		\$					
OTHER		\$					
		\$					
		\$					
DAMAGE INSURANCE @		\$					
TOTAL →	\$	BINDING SETTING			BOOT SOLE LENGTH		
		TOE	HEEL	BY			
I.D.		L					
		R					

EQUIPMENT DAMAGE INSURANCE – FEE: \$2.00 (NOT INSURED AGAINST THEFT.)

ACCEPTED This shop will absorb the cost of repairing any damage to equipment caused during normal use, however, I am still responsible for the FULL value of any lost, misplaced or stolen equipment (or damage due to negligence).

DECLINED I am responsible for the FULL value of any loss of equipment, regardless of fault, including repair and/or replacement of damaged, lost, misplaced or stolen equipment.

THIS EQUIPMENT MUST BE RETURNED BEFORE CLOSING TIME OF LAST DAY RENTED OR AN ADDITIONAL DAYS' RENTAL WILL BE CHARGED.



NO REFUNDS

HAVE YOU RENTED FROM US BEFORE?

YES NO

CASHIER'S INITIALS	FITTER'S INITIALS
VALIDATION	

LIABILITY RELEASE AGREEMENT

–PLEASE READ CAREFULLY BEFORE SIGNING–
THIS LIMITS OUR LIABILITY

I accept for use **AS IS** the equipment listed on this form (if any), and accept full responsibility for care of the equipment while it is in my possession. I will be responsible for replacement, at full retail value, of any equipment rented under this form, but not returned. I agree to return all rental equipment by the agreed date in clean condition to avoid any additional charges.

I understand that recreational and other 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 participation in recreational activities, which relate in any way to the use of this equipment, or from any other activity at this ski/recreational area.

I AGREE TO RELEASE Cranmore, its shops, employees, owners, parent companies, affiliates, agents, landowners, officers, directors, and their successors in interest, and any equipment manufacturers and distributors (collectively "RELEASEES"), from all liability for injury, death, and property loss and damage that results from participation in recreational activities, is in any way related to use of the equipment, or is related to any other activity at this ski/recreational area including all liability that results from the **NEGLIGENCE** of RELEASEES, or any other person or cause.

I further agree to **DEFEND** and **INDEMNIFY** RELEASEES for any loss or damage arising from claims or lawsuits for personal injury, death, and property loss and damage related to use of this equipment, participation in recreational activities, the use of lifts or aerial tramways, or from any other activity at this ski/recreational area.

I authorize RELEASEES to administer first-aid, as they deem necessary. I authorize my transportation to a medical facility at my expense, if deemed necessary by RELEASEES.

I acknowledge this agreement is governed by the applicable laws of the State of New Hampshire. I further agree that any action involving parties or issues relating to or arising out of this agreement must be instituted and prosecuted in the State or Federal Courts 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 intend this document to be interpreted as broadly as permissible by NH law.

I understand that a rental helmet is available for myself and/or my child(ren). I acknowledge that no helmet can protect the wearer against all possible or foreseeable impacts and injuries to the head. Reasonably foreseeable impacts may exceed the capabilities of the helmet to protect against injury. The helmet is designed to offer added protection to the head and cannot guard against neck, spine or other bodily injuries that may result from a ski or snowboard accident. Therefore, I acknowledge that the use of a helmet does not and cannot guarantee my safety or the safety of my child(ren) and may not prevent or reduce some types of serious injuries or death.

I have confirmed that the fit and sizing has been done in accordance with the available measuring devices. I have received instruction in its use, in addition to these written ones, and the fit is snug, yet comfortable. I understand and agree that in order to function properly, the chin strap must be buckled at all times while engaged in snow sports activities. I further understand that at speeds greater than 13 miles per hour, the helmet may not provide adequate protection against a serious head injury, if the head directly contacts a fixed object.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY.

Signature _____

Date _____

Parent/Guardian:

I verify that I am the parent or guardian of the minor. I have authority to enter into this 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 the ski/recreational area's facilities, and I agree to INDEMNIFY, DEFEND and HOLD HARMLESS the RELEASEES from any claim brought by, or on behalf of, the minor.

Parent's/
Guardian's Signature _____

Date _____