

EQUIPMENT RENTAL AGREEMENT

A. PARTICIPANT INFORMATION

PARTICIPANT NAME:

DATE OF BIRTH (MM/DD/YYYY):

CONTACT NUMBER:

ADDRESS:

CITY/STATE:

ZIP CODE:

B. RENTAL INFORMATION

ABILITY LEVEL:

AGE:

APPROXIMATE WEIGHT:

APPROXIMATE HEIGHT (EX. 5'4"):

BOOT/SHOE SIZE:

(USE MOST RECENT SHOE SIZE)

C. LEGAL INFORMATION

I accept for use AS IS any equipment provided to me or for my child and accept full responsibility for its care while it is in mine/our possession. I agree to release, forever discharge, Defend, Indemnify and Hold Harmless Mountain High Reunited, LLC. for all loss or any damage that may be caused to this equipment, except for reasonable wear and tear.

I/We understand that the binding system cannot guarantee the user's safety. In downhill or Alpine skiing, the binding system will not release at all times or under all circumstances where release may prevent injury or even death, nor is it possible to predict every situation in which it will release. In snowboarding, snowblading and some other snow sliding devices, the binding system do not ordinarily release during use. These bindings are not designed to release as a result of forces generated during ordinary use.

I understand that accurately providing mine or my child's weight, height and ability helps ensure that the rental equipment is set based on this information I have provided in person or electronically. Further, it is understood that the information you provided is transferred to another system by Mountain High Reunited, LLC.'s staff in order to allow optimum on hill experience for both myself and the child identified herein. _____ (Initial)

I hereby Verify that the above is true and as close to the stated information as possible.

I have read and understood the above statements and I do read English. _____ (Initial)

Participant Name

Parent/Guardian Signature

Date

Pursuant to California Family Code §6910, I, as a parent or guardian having legal custody of the identified minor child, hereby authorize First Responders Associated with Mountain High Reunited LLC. into whose care such minor child has been entrusted. I authorize and consent to any treatment or transportation to a Medical Facility if deemed necessary including X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing.

Medical Insurance? YES _____ NO _____ Allergies: _____

Emergency Contact: _____

Parent Verification that the above is true and as close to the stated information as possible.

