



Cross Country Ski Rental Agreement

Name: _____ Cell Number: _____

Address: _____ City/Zip: _____

Email Address: _____

Adult Authorization for Emergency and Routine Medical Treatment and Release of Liability

I, _____, give my permission to the Meridian Township Parks and Recreation Department, ("Township") its employees, representatives and volunteers, to obtain or provide such emergency or routine medical treatment for me and/or family members listed above as they, in the exercise of their discretion, deem necessary or appropriate while I participate in any activity offered by the Township. Further, in consideration of the Township's making this activity available to me, I, for myself, and anyone claiming under or through me, hereby release and discharge the Township, its employees, representatives and volunteers from all liability, claims, demands, and actions, regardless of kind or character, connected with, arising out of, or in any way related to my participation in such activity.

I attest that I am eighteen (18) years of age or more and that I do not have a legal guardian.

Signature: _____

Telephone Number: _____ Date: _____

Office Use Only

Ski Size(s): _____ Pole Size(s): _____ Boot Size(s): _____

Ski Size(s): _____ Pole Size(s): _____ Boot Size(s): _____

Ski Size(s): _____ Pole Size(s): _____ Boot Size(s): _____

Date/Time Out: _____ Date/Time Returned: _____ pd _____

Date/Time Out: _____ Date/Time Returned: _____ pd _____

Date/Time Out: _____ Date/Time Returned: _____ pd _____

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