



# Snowshoe Rental Agreement

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Office Use Only**

Snowshoe ID Numbers(s): \_\_\_\_\_ Snowshoe Size(s): \_\_\_\_\_

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Date/Time Out: \_\_\_\_\_ Date/Time Returned: \_\_\_\_\_ pd \_\_\_\_\_

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