Date

MARKER (800) 453-3862 176342 SHO

Signature of Parent/Guardian/Agent (if not an adult user)

Date Out:	Time Out:	Date In:	Time In:	Actual Return Date:	Return Time	MZ MZ	IRKER
			7 To 10		Tiotain Tiirio	<u> </u>	
Name: La	st			First	Ini	Home Phone: ()	No. of Rental Days
Address:	Street:				Local Accomm	odations;	Daily Rate \$
	City:			State: Zip:	Local Pho	one: (	Other \$
E-mail A	ddress:					Skiing	
Your Weight: _	lbs.	Your Height:	ft ir	Your ı. Age:		Skier Type: (Check)	Total Rental \$  Damage Waiver \$
Equipment Damage Waiver  This damage waiver applies to equipment breakage only; it does not apply to lost, misplaced or stolen equipment.  Accepted Initial  Declined Initial  This damage waiver applies to equipment breakage only; it does not apply to lost, misplaced or stolen equipment.  Payment Method (Circle One) Cash Check Credit Card Visa MasterCard Diness Club							
	Inventory	/ No./Code		Skiing		Boot Sole Type (check one)	American Express Other;
Ski		Size	cm	Left	Right Toe	Alpine (ISO 5355) "A" (Adult Sole)	Credit Card: Expiration Date:
Boot		Sole Length	mm	Skier Final Settings	Heel	Afpine (ISO 5355) "C" (Junior Sole)  GRIPWALK Adult (ISO 9523)  GRIPWALK Child (ISO Boot/Ending system approved)	No.: cvv:
Binding		Model				Alpine Touring (ISO 9523) Other	Deposit \$
Pole		Size	in.	Technician's Signature:		Date:	Balance \$
AGREEMENT  I accept full financial responsibility for the equipment listed on this form. I promise to return it clean and undamaged by the agreed time and date,							
and if I fail to do so, I will pay for its repair, cleaning or replacement at the full retail rate, as determined by the shop, as well as for the full rental value of any additional days.							
I understand how this equipment works and have received instructions and satisfactory answers to any questions. I agree to check this equipment before each use (including the binding anti-friction device); and if at any time this equipment does not seem to be working properly, I will stop using it immediately and return it for inspection and possible repair or adjustment.							
I understand that proper bindings settings depend upon the accuracy of my statements about weight, age, and skier type on this form. I have confirmed that the binding release/retention settings on this equipment correspond to those stated on this form.							
If this equipment is to be used by someone other than me, I certify that I am acting as agent for the user and that I will provide this form and all pertinent warnings and information to the user.							
I HAVE CAREFULLY READ, UNDERSTOOD AND AGREED TO THE TERMS OF THE WARNING, ASSUMPTION OF RISK, LIABILITY RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT AND AGREEMENT NOT TO SUE ON THE REVERSE SIDE OF THIS DOCUMENT.							
	40.41 £		ACT WALLAND				
	of the Equipment U		- a shares			Date	
agreeme	nt on behalf of t	he Equipmen	t User and I a	nt, guardian or agent of gree to be bound by the to Sue on the reverse sid	terms of the	Warning, Assumption of Ri	the authority to enter into this sk, Liability Release, Indemnity
£							

CUSTOMER COPY