



**Ellington Recreation Department
Resident Only Snowshoe Rental Agreement**

I agree, that by renting the snowshoe equipment owned by the Town of Ellington Recreation Department that I will use them with care and assume all responsibility while they are signed out in my name. Further, I understand that I am solely responsible for returning all items rented in good condition.

Rental Rates:

\$5 per pair per week (7 day rental)

Rental Hours:

Monday: 9:00 AM – 6:00 PM
Tuesday – Thursday: 9:00 AM – 4:00 PM

| Name: | Size | Returned | \$ Amount |
|--------------|---------------|-----------------|------------------|
| 1. _____ | Adult / Child | Y/N | \$5.00 |
| 2. _____ | Adult / Child | Y/N | \$5.00 |
| 3. _____ | Adult / Child | Y/N | \$5.00 |
| 4. _____ | Adult / Child | Y/N | \$5.00 |

2024

| January | | | | | | | February | | | | | | | March | | | | | | |
|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|-------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | | | | | | 1 | 2 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | | | | | | | | | | | | | | | 31 | |

By signing this agreement I voluntarily agree to assume all risks associated with the activity of snowshoeing, and I accept sole responsibility for any injury, loss, damage, expense, or liability to myself or other family members that may occur now or in the future due to my participation in this Town of Ellington Recreation Department program. I, my heirs, representatives, executors, administrators and assigns, do hereby release, discharge and hold harmless the Town of Ellington and all employees, volunteers, agents and representatives from any claims and any liability arising from my child(ren) and/or my own participation.

Signature: _____ Date: _____

Phone #: _____ Email: _____

Address: _____

Copy of Driver's License: Y/N (attach to this form) Total Payment: _____