Equipment # Internal use only



School Group Cross Country Ski & Snow Shoe Rental Form •PLEASE PRINT•

Name		
Phone Number		
Address		
City	State	Zip
Email Address		
Male (M) or Female (F)	Shoe Size	Height
Please follow the below guideling	nes to ensure your best posen a manner that you can struct a trail or are not visting downhill, yield to other posted and observe all posted	er skiers. signs and areas.
	w Shoe Rental & Liak	oility Release:
I, the undersigned, know that Cross may result in personal injury. I also hazards of which, in combination we read the above, understand these grandless and Conference Counties and Conference Counties I participate in any sports and conference Counties.	es Country Skiing/Snows so know that there are no vith my actions, could ca guidelines and agree to senter or its Corporate Of etivities on Byrncliff propert could occur. I also agree as issued to me. Any dam	shoeing is a physical activity which atural and man made obstacles or use injury. I acknowledge that I have ski accordingly. I agree that I, and not fices, am responsible for my safety perty. I accept full responsibility for see to use rental equipment properly
Signature	Date	
Parent's Signature	Date Y 14167 • ph 585-535-7300 • f	