



# Stephens County Foundation, Inc.

## Equipment Rental Contract and PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION

NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Emer. PHONE \_\_\_\_\_

### Rental Agreement

(Please Read Carefully)

1. I agree that I am solely responsible for any damage, loss, or theft of the equipment described below (at the retail replacement or repair cost).
2. There is a daily late fee equal to half or full day rental fees for equipment not returned by the return date. A fee may also be assessed for equipment not returned in clean condition.
3. No equipment will be considered returned until it is checked in by the Tugaloo Bend Heritage Park equipment attendant.
4. When equipment is returned, it will be inspected by the equipment attendant.
5. I acknowledge by signature below that I have the necessary skills to use the equipment properly.
6. I agree that the equipment will be returned in the same condition as received by me, and that each item was personally inspected, examined, and found by me to be in a usable and undamaged condition when received by me unless exceptions are noted below.
7. I agree to pay all rental charges, collection fees, attorney fees, court costs, or other expenses involving the collection of any charges due the Stephens County Foundation as a result of any violation of this agreement.
8. I agree to and have signed a SCF Rental Indemnity provided to me at time of this rental.
9. I have signed my name below and by doing so indicate that I received the listed equipment on the date set forth, and I acknowledge that I have read and understand and agree to the terms of this rental agreement.
10. I UNDERSTAND ALCOHOL AND DRUG USE ARE STRICTLY PROHIBITED.

TODAY'S DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE/TIME CHECKED OUT \_\_\_\_\_ PLANNED DATE/TIME CHECK IN \_\_\_\_\_

QTY	ITEM	STOCK #	COST/DAY	#/DAYS	SUB-TOTAL
	<b>Deposit</b>				

RESERVING SCF ATTENDANT \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL RECEIVED \_\_\_\_\_

DATE/TIME RETURN \_\_\_\_\_

DAMAGE/LATE FEES ASSESSED \_\_\_\_\_

COMMENTS \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

