

Paul Smith's College Recreation Department

Alumni Agreement to Loan Boats

Alumnus Name: _____ Program & grad year: _____

Number of boats (no more than 2): _____ Number of paddles: _____

Date(s) of rental: _____

Estimated destination and time/day of return: _____

To be filled out by Campus Safety at time of rental:

Name: _____ PFD Color/Size: _____

Name: _____ PFD Color/Size: _____

Name: _____ PFD Color/Size: _____

Name: _____ PFD Color/Size: _____

Boat Number(s): _____ Number of Paddles: _____

Estimated destination and time/day of return: _____

Sign out date/time: _____ By _____

Sign in date/time: _____ By _____

I agree to pay for boat usage at the rate of \$10 per seat, per day. This charge is applicable to all users.

Please select one of the following:

☐ I have paid in cash

☐ I have enclosed a check made payable to **Paul Smith's College**

☐ Please charge my card for a total of \$ _____

Card Number: _____ Expiration Date: _____

CCV (3 digits from the back of the card): _____

Address of card holder: _____
Street City State Zip

Name of Card Holder (as it appears on the card): _____

Signature of Card Holder: _____

Paul Smith's College Recreation Department

Waiver of Responsibility

We/ I, whose signature appears below, understand that I have been allowed to use canoeing equipment (canoes, paddles, personal floatation devices, and the like) owned by Paul Smith's College (PSC) to engage in a voluntary recreational activity. I understand that I will be charged **\$10 per seat per day for any full or partial day** that I make use of such equipment. I further understand that I will be charged for the replacement cost of any or all of the equipment that is lost or rendered unusable as a result of my negligence, at the sole discretion of Paul Smith's College

I understand that such activities have certain risks, and I acknowledge for myself, my heirs, executors or assigns, that I understand such risks. I certify that I have a fundamental understanding in canoe safety, and feel competent to judge the risks of engaging in this activity.

Nevertheless I release and forever discharge PSC, its trustees, officers and employees from any and every liability, claim or damage of any kind, nature or description.

I further hereby agree to hold PSC harmless, and assume any and all risk of every kind and nature sustained by me by reason of my personal choice to engage in this activity with a full understanding that I willingly assume any and all damage, detriment, hurt or impairment, for any cause directly connected with these activities and experiences.

1. _____
Name

(Signature or parent/guardian signature if under 18)

(Date)

2. _____
Name

(Signature or parent/guardian signature if under 18)

(Date)

3. _____
Name

(Signature or parent/guardian signature if under 18)

(Date)

4. _____
Name

(Signature or parent/guardian signature if under 18)

(Date)