

UW-Superior Outdoor Adventure Program Benefits Program

Name: _____ Date: _____

UWS ID#: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Local Phone: _____

Type of Membership: Superior Plan _____ Michigan Plan _____ Ontario Plan _____

Length: 6 Months _____ 12 Months _____

Expiration Date: _____

Benefits Number: _____

Would you like to receive regular updates in programs including upcoming trips, clinics and activities? Yes _____ No _____

.....

Release Agreement

1. I accept equipment rented for use as is under this form, and accept full responsibility for the care of equipment while it is in my possession.
2. I will be responsible for the replacement at full retail value of any equipment rented under this form, but not returned to MWC Room 1438.
3. I agree to hold harmless and indemnify the UW-Superior Outdoor Rental Program, Coordinator, Staff or the University for any loss or damage, including any that result from claims for personal injury or property damage related to the use of this equipment, except reasonable wear and tear.
4. I understand that there are some inherent and other risks involved in the activities for which the equipment is being used.
5. I hereby release the UW-Superior Outdoor Adventure Program staff, Coordinator, and University from any and all liability for damage and injury to myself or to any person, property resulting from negligence, installation, maintenance, the selection, adjustment, and use of this equipment, accepting myself the full responsibility for any and all such damage or injury which may result.
6. All instructions on the use of my rental equipment have been made clear to me, and I understand the function of my equipment.
7. All equipment must be returned on time to the MWC Room 1438 on the due date specified on the agreement during rental hours. Failure to return equipment on time will result in additional fees assessed per day. Allow a half hour for returning the equipment as each item is inspected upon return and charges will be levied for the following: excessively wet or dirty equipment, required repairs, lost equipment at replacement value listed on agreement form.
8. Delinquent agreements: there will be an administrative hold placed on your records until the agreement is paid, plus loss of future rental.

Signature: _____ Date: _____

Staff use only: Cost: _____ Paid: _____ Receipt Number: _____ Staff Initials: _____

Please see attached chart for specific pricing.

Please mark type of registrant: Valid UWS ID or Alumni _____ Community Member _____