

Saluda Shoals Park Equipment Rental Agreement

Name: _____ Date: _____
 Cell Phone: _____ Time: _____
 Emergency Contact: _____ Email: _____
 Emergency Phone: _____

ALL EQUIPMENT MUST BE RETURNED BY 5:00 PM

Rental Item	Quantity	Length of Rental/Price			Total
Single Kayak		1 hour (\$25)	2 hours (\$35)	All day (\$50)	
Tandem Kayak		1 hour (\$25)	2 hours (\$35)	All day (\$50)	
River Tube		2 hours (\$15)			
					TOTAL

RENTAL POLICY TERMS

- Please enter the Ranger Phone number into your phone 803-479-9886
- PFDs must be worn at all times
- Participants must be 5 years of age or older
- Each participant under the age of 18 must have a waiver signed by a parent or guardian.
- Renters may not consume alcohol before or during the rental of equipment.
- Pets are not allowed on ICRC equipment or shuttles
- Do not pass the Lower Boat Launch. This is where you will exit the river.
- All renters must keep a credit card on file during the length of their rental. The following fee schedule will apply to all rentals:
 - \$25 per half hour per piece of equipment beyond quoted return time.
 - \$50 per damaged item (not to include equipment damaged beyond repair).
 - \$10 for a tube paddle lost or damaged beyond repair.
 - \$10 for a tube tether lost or damaged beyond repair.
 - \$99 for a tube lost or damaged beyond repair.
 - \$130 for a kayak paddle lost or damaged beyond repair.
 - \$135 for a PFD lost or damaged beyond repair.
 - \$789 for a single kayak lost or damaged beyond repair.
 - \$899 for a tandem kayak lost or damaged beyond repair.

 Renter's Signature

 Date

Irmo Chapin Recreation Commission

Release of Liability Form

I acknowledge that there are risks of physical injury to me or my minor child from participating in activities offered by the Irmo Chapin Recreation Commission. I understand these risks and have had an opportunity to inquire into these risks. I agree to release and discharge the Irmo Chapin Recreation Commission and its agents, employees, and volunteers from all liability for any injury to me or my minor child from negligence. If I or my child becomes injured, I authorize the Irmo Chapin Recreation Commission to assist with procuring proper medical care. I understand that I am responsible for all medical costs.

I authorize the Irmo Chapin Recreation Commission to use any video footage and/or photograph(s) taken of me or my child while enrolled in ICRC programs/activities and waive any and all claims that I may have or claim to have resulting from reproductions thereof.

1. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
2. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
3. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
4. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
5. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
6. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
7. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
8. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
9. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant
10. _____ Signature of Participant or Parent of Minor	_____ Date	_____ Print Name of Participant