

# Boat, Bike and Tube Rental Agreement.

Name:	Cell Phone #:
Emergency Phone #:	Date:

Number of items you are renting.	Circle your rental time and shuttle.		
_____ Canoes	1 hour	3hour	All day (9:30a-5p)
_____ Tandem Kayaks	1 hour	3 hour	All day (9:30a-5p)
_____ Kayaks	1 hour	3 hour	All day (9:30a-5p)
_____ Shuttles (Per boat)	1pm	4pm	
_____ Bicycles	1 hour	4 hour	All day (9:30a-5p)
_____ Tubes	Launch times: 9am 10am 11am 12pm 1pm 2pm Pick Up Times: 11am 12pm 1pm 2pm 3pm 4pm		

**Please Read the Following Carefully. Sign and Date Below.**

**GENERAL**

- Each participant under the age of 18 must have a waiver signed by their parent and be accompanied 5 to 1 by an adult in their group.
- Rentals not returned on time will be charged \$10/hour or part thereof. The renter will be charged the wholesale value of equipment damaged and retail value of equipment lost. Equipment that must be retrieved by staff will incur a minimum \$50 search and rescue fee.
- No alcohol may be taken on the trip.
- Have Ranger phone: 803-479-9886 in renter's phone.

**TUBES ONLY**

- All children 4-10 in a tube will be and must stay tethered to a parent or guardian tube.
- No double floating on a tube.
- The first landmark: the pumphouse on the left with a yellow sign advertising the take out is 100 yards further downstream.
- Shuttle service pickup is at 12pm, 3pm, 5:30pm.
- PFDS MUST BE WORN AT ALL TIMES

**BOATS ONLY**

- DO NOT go beyond Gardendale take out. To locate the Gardendale take out look for the next red, yellow and blue pole and power lines are directly overhead. If you have gone under a bridge (I-20) you have gone too far.
- PFDS MUST BE WORN AT ALL TIMES.

**BIKES ONLY**

- HELMETS WILL BE WORN AT ALL TIMES WHILE RIDING.
- All bicycles are to remain in the park.
- They must only be ridden on paved trails.
- No bicycle riding with your dog leashed will be permitted.

\_\_\_\_\_  
Renter's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ICRC Attendant

\_\_\_\_\_  
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. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 2. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 3. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 4. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 5. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 6. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 7. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 8. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 9. _____<br>Signature of Participant or Parent of Minor Child  | _____<br>Date | _____<br>Print Name of Participant |
| 10. _____<br>Signature of Participant or Parent of Minor Child | _____<br>Date | _____<br>Print Name of Participant |