

Payment:  
Date:  
Time:  
How did you find us?:

FEEL FREE TO TIP YOUR GUIDE(S). IT IS NOT EXPECTED BUT GREATLY APPRECIATED.

**ONE FORM PER HOUSEHOLD. ALL ADULTS (18+) MUST SIGN.**

**RENTAL AGREEMENT:**

I, the undersigned, agree to pay the specified amount, at the time of rental to North Island Surf and Kayak, for any and all equipment provided to me. I agree to leave a signed imprint of a major credit card, accepted by North Island Surf and Kayak, as a deposit for the equipment rented to me, as I am responsible for any damage that I (or any minors in my care) cause the equipment. This includes but is not limited to lost and theft. I agree to return this equipment within the allotted time agreed upon. If I do not return the specified equipment within the agreed upon time, I understand I will be charged a late fee and/or another day's rental. I agree to return the equipment in the same condition in which it was rented to me. If the equipment is, upon inspection by North Island Surf and Kayak, deemed damaged, I agree to pay for the damages or replacement of the equipment at present retail value. I also understand I may be charged the full rental amount for the time in which it takes new equipment to arrive. All above stipulations can only be waived by the management/owners of North Island Surf and Kayak.

**ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY:**

I, the undersigned, have read the acknowledgement of risks, assumptions of risk, and responsibility, and in case of liability, I understand by signing this document I am expressing my consent to waive legal rights, including any and all rights I may have or now have against the owner, the operator named above, or their employees, agents, servants, or assigns.

I have fully informed myself of the contents of this affirmation and release by reading it before signing.

Name(s): [Print, please] \_\_\_\_\_

Address: [Please include city, state and zip] \_\_\_\_\_

Phone: [Please include area code] \_\_\_\_\_

SIGNATURE(s): [ALL adults MUST sign] \_\_\_\_\_

Do you have any medical problems? (initial) NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain: \_\_\_\_\_