BRIDGER BOWL

15795 Bridger Canyon Road Bozeman, MT 59715 406-587-2111

HELMET RENTAL FORM

Complete All Shaded Areas Only / Please Print

Date Out: _____ Date In: _____

User's Name _____ _____ **Age**_____
Last **First**

Address: _____ **Phone:** (_____) _____

City: _____ **State:** _____ **Zip:** _____

Daily Rate $_____

SS/Res# _____

Days _____

Total Rental $ _____

Helmet Information

Manufacturer: _____

Model: _____

Size: _____

I.D. Number: _____

Pre-Rental Inspection

Shell OK ☐
Liner OK ☐
Strap/Buckle OK ☐

Tech Initial: _____

Date: _____

Post-Rental Inquiry

Have there been any significant impacts to the helmet during the rental period.

Yes ☐
No ☐

Tech Initial: _____

Date: _____

HELMET WARNING, NOTIFICATION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I understand and agree that skiing, snowboarding and related activities are dangerous and that injuries are common and ordinary occurrences during these activities. I agree to assume all risks of death or injury to any part of the user's body which may result from skiing, snowboarding and the use of the helmet.

I understand and agree that no helmet can protect the user against all foreseeable impacts to the head, and that skiing and snowboarding can expose the user to forces which exceed the limits of protection offered by this helmet. I understand that this helmet does not guard against injury to the neck, spine or any other part of the user's body, and that these limitations are inherent risks of any activity in which this helmet will be used.

This helmet must fit properly in order to maximize its performance, and I agree that this helmet has been properly fitted to me or my minor child by the provider. Instruction on the use of the helmet has been made clear to me and I understand the function of the helmet. I warrant that the helmet is comfortably snug when the chin strap is fastened and there is no significant movement of the helmet when the user's head is shaken. I further warrant that the person for whom the helmet was sized will be the only person using the helmet during this rental period.

For Ski PE Participants:
I understand as parent or guardian of the minor child named above, I should be present to confirm proper fit of the helmet. If I can not be present, a chaperone or coordinator from the school will verify proper helmet fit on my behalf.

If the helmet is damaged or involved in any kind of accident, the user will immediately return it to the Bridger Bowl Ski Shop and report the accident or damage.

I understand I will be responsible for the replacement of the helmet at full retail value if it is not returned to the shop. I acknowledge it is my responsibility to return this helmet to the Bridger Bowl Ski Shop in clean condition and agree to pay for any repairs in the event the helmet is damaged beyond normal wear and tear.

ON BEHALF OF MYSELF AND/OR MY MINOR CHILD NAMED ON THIS FORM, I HEREBY RELEASE, HOLD HARMLESS, AND INDEMNIFY BRIDGER BOWL INC., ITS EMPLOYEES, AGENTS, OFFICERS AND DIRECTORS FROM ANY AND ALL LIABILITY FOR DAMAGE, ECONOMIC LOSS, PERSONAL INJURY OR DEATH TO MYSELF AND/OR MY MINOR CHILD RESULTING FROM THE RISKS DESCRIBED HEREIN, REGARDLESS OF WHETHER SUCH RISKS RESULT FROM THE NEGLIGENCE OF BRIDGER BOWL INC., AND THE PARTIES RELEASED.

I have carefully read this agreement, understand it and accept its terms.

Helmet User's Signature: _____ Date: _____

IF I AM SIGNING ON BEHALF OF A MINOR, I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES OR LIABILITY INCURRED AS A RESULT OF THE MINOR'S ACTIONS OR USE OF THIS HELMET AND AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY BRIDGER BOWL INC., AND THE PARTIES RELEASED ABOVE FOR ANY SUCH EXPENSES. I AGREE TO EXPLAIN THE SAFETY ITEMS AND RISKS OUTLINED IN THIS DOCUMENT TO THE MINOR USING THE HELMET.

Parent/Guardian Signature: _____ Date: _____

I HAVE VERIFIED THE FIT OF THE HELMET ON THE MINOR CHILD NAMED ABOVE AND AGREE THE HELMET FITS AS DESCRIBED ABOVE.

Ski PE Chaperone / Coordinator: _____ Date: _____