



Equipment Rental/Release Form

The National Ability Center offers adaptive rental equipment including, but not limited to: outriggers, tip clamps, ski bikes, recumbent cycles, hand cycles, tricycles, tandem cycles, side-by-side cycles, mountain bikes, canoes, kayaks, stand up paddle boards, water ski/wakeboards, sled hockey sleds, Nordic sit skis, stand up Nordic equipment.

1. All equipment rentals must be approved by the Equipment and Rental Manager or Program Manager
2. Equipment availability may vary depending on current programming.
3. If an extensive fitting or modification of the equipment is needed, you will schedule a fit and assessment with an equipment rental included in the pricing
4. Certain pieces of equipment may require a specific set of skills in order to rent. Individuals may need to demonstrate these skills in order to rent equipment
5. All equipment rentals must be scheduled with the Equipment and Rental Coordinator 48 hours in advance
6. Renter must do the following:
 - a. Sign a Rental Agreement and Release form
 - b. Sign a National Ability Center Liability Waiver
 - c. Pay the associated rental fee

Renter will be responsible for any damages to the equipment

7. Equipment must be returned by 1pm or 5pm for half day rentals
8. Full day rentals may be picked up the day before the rental between 2 and 5pm and returned the day after the rental before noon.
9. Participant must be able to use equipment independently and demonstrate the needed skills to operate.
10. NAC is not liable while you are using equipment independently.

To Be Filled Out By Renter:

Name: _____ Date: _____

Phone: _____

Emergency Contact: _____ Phone Number: _____

I accept full responsibility for any damages other than routine wear and tear, or loss of National Ability Center property, while release to me for personal usage. I agree to fully reimburse the National Ability Center for these damages or loss should they occur while in my possession. I agree to follow all the equipment rental rules as outline above.

Signature: _____ Date: _____

To Be Filled Out By NAC Staff:

Equipment Identification: _____

Equipment Set Up Details:

Additional Notes:

Approved By: _____ Date: _____

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