

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

EQUIPMENT RENTAL AGREEMENT

Name _____
 Address _____

 Phone Home (____) _____
 Phone Work (____) _____
 Email Address _____
 Local Address _____
 Local Phone (____) _____

Date Rented _____ Date Due _____
 Date Returned _____ Received By _____
 D/L No. _____ State _____
 Credit Card Number _____ Exp. Date _____
 Signature* _____

*I authorize the Dive Center/Resort to charge my credit card the daily rate if equipment is not returned by due date

Certification Level _____ Date _____
 Certification # _____ Agency _____

QTY	ITEM	SERIAL #	SIZE	DAILY RATE	AMOUNT	QTY	ITEM	SERIAL #	SIZE	DAILY RATE	AMOUNT	
	Tank(s)						Mask					
	Regulator						Snorkel					
	w/console						Fins					
	w/computer						Boots					
	Sidemount Rig/Mount						Gloves					
	BCD						w/Weights		kg/lb			
	Rebreather						Weight Belt		kg/lb			
	Exposure suit						Light					
	Wet Suit						Camera/Video					
	Dry Suit						Other					
	Dive Skin											
	Hood											
					SUBTOTAL _____			+ TAX _____				= TOTAL _____

TOTAL DAYS	TOTAL PER DAY	TOTAL DUE	RETURN DEPOSIT _____ <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH
-------------------	----------------------	------------------	---

Equipment prepared by _____
(Dive Center/Resort Employee)