



Town of Kamsack  
161 Queen Elizabeth Blvd.  
P.O. Box 729  
Kamsack, SK  
S0A 1S0  
Phone: (306) 542-2155



**PARKLAND  
REGIONAL  
LIBRARY**

Parkland Regional Library  
Kamsack Branch  
235 2nd St  
Kamsack, SK  
S0A 1S0  
Phone: (306) 542-3787

## Equipment Lending Contract

I understand that by signing this document, I will waive or give up certain legal rights, including the right to sue or claim compensation following an incident. By signing below, I acknowledge that I have read the following carefully.

### Lending Agreement:

- I accept full responsibility for the care of the equipment listed at the end of this contract and agree to pay for any damage, loss or theft of items at full retail value as determined by the Town of Kamsack.
- I understand the equipment can be borrowed up to a **maximum of 48 hours** and must be returned by the date specified below. I also understand there will be a late fee of \$20, charged at a per day rate, per item, until returned.
- I am responsible for checking equipment for safety, including any damage, before using.
- I am familiar with the proper use of the equipment and agree to use the equipment only for its intended purpose and return the same in good working condition. I acknowledge that the Town of Kamsack and the Parkland Regional Library, Kamsack Branch, have **not** provided instructions on the proper use or handling of this equipment.
- I understand that I am **not** responsible for normal wear and tear nor routine maintenance.
- I understand that if the equipment specified below is not returned, I may not be allowed to participate in the equipment lending program again in the future.

### Release of Liability:

The Town of Kamsack and the Parkland Regional Library, Kamsack Branch, holds the safety of participants in a high regard. Participants and Parents/Guardians of minors taking part in the equipment lending program must recognize the inherent risk of injury and death when choosing to participate in recreational activities.

- I acknowledge that I have been advised to wear appropriate safety and protection gear while using any of the equipment.
- I am responsible for obtaining any additional equipment for the safe and proper use of the equipment.



- I assume legal liability and waive all claims of injuries, damages or loss, up to and including death, that I may sustain while participating in any activities associated with the equipment.
- I am aware that the physical exertion required to participate in activities can cause, activate or aggravate injuries, including pre-existing conditions.
- I will not hold the Town of Kamsack nor the Parkland Regional Library, Kamsack Branch, responsible for any loss, damages or injuries, up to and including death, resulting from the equipment and its use.

**Fines and Deposits**

- As a new program, the Equipment Lending Program will not require a user fee to access and use the equipment, only a deposit and late fees as described in this contract. However, this may change as the program continues.
- I am responsible for replacing lost and/or damaged items at full retail value, which will be determined by the Town of Kamsack.
- I am responsible for paying late fees if the equipment is not returned by the date specified below. Late fees are \$20 per day, per item.
- I must provide a refundable cash deposit of \$10 when borrowing equipment. This cash deposit will be returned to me once all of the equipment has been returned in an acceptable condition. If the equipment is not returned in an acceptable condition, I forfeit this \$10 cash deposit to the Town of Kamsack.

I have read, understand and accept my obligations as well as the terms and conditions detailed above, including my responsibility for replacing any lost, damaged or stolen items as well as paying any applicable fees.

<b>*Name (Printed)</b>			
<b>*Physical Address</b>			
<b>*Mailing Address</b>			
<b>*Phone</b>		<b>Email</b>	
<b>*Signature</b>		<b>*Date</b>	
<b>Signature of Legal Guardian, if under the age of 18:</b>			



**PARKLAND  
REGIONAL  
LIBRARY**

**List of Equipment Borrowed:**

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Date Borrowed (DD/MM/YYYY):	Set Return Date (DD/MM/YYYY):
Name & Signature of Staff Member Completing the Contract & Accepting the Deposit:	
<b>Office Use Only</b>	
Date Equipment Returned (DD/MM/YYYY):	
Equipment Returned on Time (Yes or No):	
Deposit Collected:	
Deposit Returned:	
Late Fees Charged:	
Signature of Staff Member:	