

Appleton Area Hockey Association (AAHA) Equipment Rental Program 2007-2008



Please complete legibly and fill out one form per skater. Mail to:

AAHA ERP, P.O. Box 1771, Appleton, WI 54912

Or place in *Mailbox #2* at the Appleton Family Ice Center

Program Policies

1. The Lessee agrees that all aspects of this equipment rental program and any personal injury, property damage, or wrongful death that occurs as a result of participation in this program, including but not limited to improper fitting and equipment failure, is covered by the USA Hockey Waiver of Liability, Release Assumption of Risk & Indemnity Agreement previously signed by the program participant or participant's parent/guardian.
2. Lease Period: Date of equipment receipt by Lessee until 12:00pm April 1, 2008.
3. Program Fees: \$40 Rental Fee for lease period payable at equipment pickup. Optional Additional Purchase Fee of \$110 if Lessee wishes to purchase leased equipment at any time during lease period. Late Fee of \$75 (see #9). Equipment Replacement Charge of \$40 per piece of equipment (see #6).
4. The Association will provide the Lessee with the following equipment: helmet, neck guard, shoulder pads, elbow pads, gloves, breezers, shin guards, stick, and equipment bag. Provision of the equipment is contingent upon the Association possessing sufficient stock to meet all requests. If sufficient stock does not exist to satisfy all requests, they will be filled on a first come, first served basis. Other equipment such as skates, mouth guards, hockey socks, etc is not included.
5. The stick provided will become the property of the skater, and thus will not need to be returned. The stick, as property of the skater, will not be replaced by the Association under any circumstance.
6. The Association agrees to repair or replace at no charge any piece of leased equipment other than the stick that becomes unusable as a result of normal usage. Any piece of leased equipment that is lost by Lessee or becomes unusable as a result of improper use or negligence of Lessee will be replaced and a \$40 Equipment Replacement Charge per piece of equipment will be assessed to Lessee.
7. The Association will provide basic fitting of the equipment as well as instruction on proper use and care of the equipment at time of equipment pickup.
8. The Association will provide at least two drop off dates after the conclusion of the season and prior to April 1, 2008 for Lessee to return equipment. Lessee may also make individual arrangements with the House Director to return the equipment. Such arrangements are the sole responsibility of the Lessee.
9. Failure to return the equipment by April 1, 2008 will result in the assessment to Lessee of a \$75 late fee. Failure to return the equipment by May 1, 2008 will indicate that the Lessee wishes to take ownership of the equipment, and in addition to the late fee, the Optional Additional Purchase Fee of \$110 will be assessed to the Lessee and the entire amount due will be referred to the collection agency of the Association's choice.

Skater Information:

Last Name: _____ First Name: _____

Lessee Information:

Last name: _____ First Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone: H _____ W _____ Cell _____

EMAIL _____ (Most correspondence is emailed.)

Drivers License: State & Number: _____

The Player named on this form will be the sole user of the rental equipment provided, and I have received all of the equipment in satisfactory condition. I agree to maintain the equipment properly, and to pay the fees and abide by the policies of this program as established by the Board of Directors. I recognize that failure to do so will result in the player not being allowed to participate in Association programs.

Lessee Signature

Date

AAHA Use:

Assigned Equipment:

Helmet/Face Guard: ID# _____

Neck Guard: ID# _____

Shoulder Pads: ID# _____

Elbow Pads: ID# _____

Gloves: ID# _____

Breezers ID# _____

Shin Guards: ID# _____

Equipment Bag: ID# _____

Hockey Stick: ID# _____

Date of Pickup: _____

Rental Fee (\$ 40): Check #: _____ Date: _____

Optional Additional Purchase Fee (\$110): Check #: _____ Date: _____

Late Fee (\$ 75): Check #: _____ Date: _____

Referred to Collection: Agency _____ Date: _____

Additional Notes: