

Jones County Conservation

12515 Central Park Rd. Center Junction, IA 52212 (563)487-3541 conservationofficemg@co.jones.ia.us

Snowshoe Release and Check-Out Acknowledgment Form

When using snowshoes provided by the Jones County Conservation Board I, the undersigned, agree and acknowledge the following conditions:

- I am 18 years or older and/or a parent or guardian signing for minor children.
- I understand that some of the trails and areas of the park are closed to public access due to storm damage. I have been provided with a map of the parks designated trails and closed areas.
- I will avoid walking over and on concrete walkways, roads, and graveled areas.
- I understand that snowshoeing across the lake, ponds, streams, or wetlands can be dangerous and is not allowed.
- I understand the replacement cost for a lost or damaged pair of snowshoes is \$100.
- I understand that the snowshoes should be returned to the Lower Level entrance of the Central Park Nature Center by 4 PM on the day of use. I will notify staff when returned.

I acknowledge that there is inherent risk in snowshoeing such as scrapes, abrasions, sprains, broken bones, and torn muscles or ligaments. There is also some risk to my personal property such as tears in outerwear. I acknowledge these foreseeable and unforeseeable risks and assume all such risks for the use of the JCCBs equipment.

In addition, I release, forever discharge, and agree to indemnify and hold harmless JCCB from all claims, demands, or causes of action, which in any way is connected with my participation in this activity or my use of the JCCBs equipment. I expressly waive any and all claims arising out of damages or bodily injury relating to the use of JCCB snowshoes.

If I am executing this contract on behalf of my child or a minor that I am responsible for as a legal guardian, I hereby acknowledge and accept the aforementioned risks on behalf of that child.

I have read and understand and agree to the terms of this document.

Signature:	 	
Printed Name:		
Phone Number:		
Mailing Address:		
Email Address:		

CHECK-OUT DATE/TIME:					
Names and Ages of Participant	Names and Ages of Participants Snowshoeing:				
Name:	Age:	Snowshoe Size & Style:			
Staff Initials on Check-out:					
Staff Initials on Check-in:					
Notes on Snowshoe Condition/damag	es or repairs needed:				
Billed if damaged: \$					
Bill Paid:	Bill Sent to:				