

How did you hear about us: _____

Closing Time: _____

Kayak Tahoe

Post Office Box 550399
So. Lake Tahoe, CA 96155
(530) 544-2011

RENTAL CONTRACT

Date: _____

Name	Telephone Cell: _____ Other _____	
Address	Drivers Lic. No. _____	Time Left _____
City, State, Zip	Date of Birth _____	Time Back _____
Destination	Estimated Time of Return _____	Total Time Out _____
Clerk	Credit Card # _____ Expiration Date: _____	Amount Paid _____
Kayak	LATE FEE A \$50 PER BOAT FEE WILL BE CHARGED FOR LATE RETURNS (ON TOP OF ADDITIONAL RENTAL FEE.)	
Life Vest		
Spray Skirt		
Paddle		
Seat/Misc.		

DO NOT SIGN CONTRACT BEFORE READING BOTH SIDES!

I understand that I am required to inspect the general safety and operating conditions of the equipment rented prior to using it. I agree to return such equipment in the same condition as rented and agree to pay for all damages resulting from my use of the equipment. Payment for the repair of all damages to the equipment will be my responsibility. I will be responsible for the replacement cost of equipment incurred as a result of any theft. Furthermore, I am responsible for any damage to KayakTahoe's property as well as others as may result in the vehicle transport of equipment. Equipment taken off-site needs to be returned half hour prior to closing _____ Initials

Rentals	
Sales	
Subtotal	
Tax	
Classes	
Total	

PRINT NAME BELOW _____

DATE _____

SIGNATURE _____

Additional Comments: _____

