

I HEREBY AGREE TO ACCEPT AND FREELY ASSUME ALL FINANCIAL OBLIGATIONS FOR ANY DAMAGE TO THE SNOWMOBILE AND AGREE TO IMMEDIATE FINANCIAL RESTITUTION TO STRATTON SNOWMOBILE TOURS. THE UNDERSIGNED STATES THAT HE/SHE HAS CAREFULLY READ THE FOREGOING RELEASE AND KNOWS THE CONTENTS THEREOF AND SIGNS THIS RELEASE AS HIS/HER OWN FREE ACT. ANY DAMAGE WILL BE CHARGED TO THE OPERATORS CREDIT CARD VIA BROWN ENTERPRISES, INC, SOUTH LONDONDERRY, VT.

I have received instructions as to the operation of the snowmobile and understand the dangers associated with said operation. I will use a helmet at all times when operating the snowmobile and all passengers will also wear their helmets. I will respect the rights of all snowmobilers and cross-country skiers while in control of the snowmobile.

IN WITNESS WHEREOF, releaser has executed the release at Stratton, VT.

OPERATOR (PARENT OR LEGAL GUARDIAN IF MINOR) HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

(CHECK ONE)

I, _____, do , do not agree to purchase the additional damage waiver in the amount of \$15.00. The damage waiver carries a \$250 deductible. This waiver applies to collision only. (Signature) _____

Driver (print)			DOB		Passenger (print)			DOB	
Address					Address				
City		State	Zip		City		State	Zip	
Telephone (home)					Telephone (home)				
Driver's License #		State	Exp. Date		Driver's License #		State	Exp. Date	
Driver Signature			Date		Passenger Signature			Date	
Parent or Legal Guardian of Driver (if Minor)					Parent or Legal Guardian of Passenger (if Minor)				
Name on Credit Card					Charge \$15 insurance to credit card on file. _____ Signature Required				
Credit Card #									
Exp. Date		Billing Zip							
Email Address									