I agree to accept full responsibility for any injuries to myself or others when using the Library’s loan of ( ) pair (s) of Snow Shoes for a period of time lasting no longer than 1 week. I will return the snowshoes during normal library hours.

Patron Name: Patron Phone:

Date Loaned:

Date To Be Returned: Patron Signature:

|  |
| --- |
| **Library Use Only****Check In:**                Librarian Initials       Snow Shoes are functional/ No Damage |