



Equipment #  
*Internal use only*

New Boots  
Old Boots  
Hotel Guest  
Child  
Snowshoes  
Tube rental

*\*Circle all that apply\**

## Cross Country Ski, Snow Shoe & Tube Rental Form

Have you cross country skied before? \_\_\_\_\_

Have you used our trails here before? \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Male (M) or Female (F) \_\_\_\_\_ Shoe Size \_\_\_\_\_ Height \_\_\_\_\_

There are elements of risk in skiing, snowshoeing and sledding/tubing that common sense and personal awareness can help reduce. Please follow the below guidelines to ensure your best possible experience.

- ✓ Ski, snowshoe and sled under control and in such a manner that you can stop or avoid others or objects.
- ✓ Do not stop where you can obstruct a trail or are not visible to oncoming traffic.
- ✓ When entering a trail or starting downhill, yield to others.
- ✓ Keep off all trails that are closed and observe all posted signs and areas.
- ✓ Be safety conscious and obey ski patrol at all times.
- ✓ Must be 36' to use sledding hill. No steel runner sleds.

### **Ski, Snow Shoe & Tube Rental & Liability Release:**

I, the undersigned, know that Cross Country Skiing/Snowshoeing/Sledding is a physical activity which may result in personal injury. I also know that there are natural and man made obstacles including people or animals or hazards of which, in combination with my actions, could cause injury. I acknowledge that I have read the above, understand these guidelines and agree to ski/snowshoe/sled accordingly. I agree that I, and not Byrncliff Golf Resort and Banquets or its Corporate Offices, am responsible for my safety while I participate in any sports activities on Byrncliff property. I accept full responsibility for my actions and for any injuries that could occur. I also agree to use rental equipment properly and return it in the condition it was issued to me. **Any damage of rental equipment due to misuse will result in additional charges.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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