

CNE / SCOUTS CANADA – WHEELCHAIR RENTAL

Rental ID	Wheelchair #	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone Number	
<input type="text"/>	<input type="text"/>	
Address	City	
<input type="text"/>	<input type="text"/>	
Province / State	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fee Payment Method (\$20)	Deposit Payment Method (\$50)	ID Verified?
<input type="radio"/> Credit Card	<input type="radio"/> Credit Card	<input type="radio"/> Yes
<input type="radio"/> Cash	<input type="radio"/> Cash	
<input type="radio"/> Debit Card		
Time Out	Time In	Staff Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
I have read the Rental Terms and Conditions		
<input type="text"/>		

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<input type="text"/>	<input type="text"/>	<input type="text"/>
Name		
<input type="text"/>		

Rental Terms and Conditions

I, the undersigned, acknowledge receipt of a CNEA wheelchair for use on the CNE grounds only. I further agree that CNEA / Scouts Canada is not responsible for the wheelchair while it is in my care and I am responsible for any injuries or damages that might occur as a result of my mishandling or neglect in the operation of the wheelchair.

I hereby knowledge and agree to be responsible for the loss or damages to the wheelchair while in my care. I am aware that the location from which I received the wheelchair closes at **10:00pm** each evening. If I cannot return the wheelchair before such time I will take it to the CNE guest services area located at the Northwest corner of the Better Living Centre before 11:30pm or I will not receive my deposit back until the following day.

I have read the Rental Terms and Conditions