

Photo w/ Address
 Identification Here

Payment Method

Card # _____ Exp. Date _____

Cardholder _____

Visa
 Master Card
 Amex
 Debit
 Cash

Total \$ _____ Equipment Rental

Scooter
 Wheelchair
 Walker
 Wagon
 Stroller

Other _____

100 Princes' Blvd. – Direct Energy Centre – Exhibition Place, Toronto, ON M6K 3C3
 Telephone/Fax: 416-410-6612 or Email: jmonteith@theexhibitorsupportcentre.com

Reservation Information

Contact: _____ Phone: _____

Note: _____

RENTAL AGREEMENT

Show Name: _____ Date: _____

Time Out _____ a.m. p.m. Time Returned _____ a.m. p.m.

“I have been informed of the proper method of operation of the following equipment for rent”:

WHEELCHAIR <input type="checkbox"/> (\$5.00 per hr., Max. \$30.00 per day)	SCOOTER <input type="checkbox"/> (\$10.00 per hr., Max. \$60 per day.)	VOLTAGE CONVERTER <input type="checkbox"/> (\$25.00 per day)
STROLLER <input type="checkbox"/> (\$10.00 Flat Rate - Daily)	WAGON <input type="checkbox"/> (\$10.00 Flat Rate - Daily)	CORDLESS DRILL <input type="checkbox"/> (\$25.00 per day)
DVD PLAYER <input type="checkbox"/> (\$80.00- Flat Rate Show)	CALCULATOR <input type="checkbox"/> (\$25.00 - Flat Rate - Show)	SAFE <input type="checkbox"/> (\$80.00 Show)
HARD HAT <input type="checkbox"/> (\$10.00 Flat Rate - Daily)	DISPLAY LAMP <input type="checkbox"/> (\$35.00 - Flat Rate - Show)	CANE <input type="checkbox"/> (\$5.00 Flat Rate for the day)

I accept all responsibilities and liability for bodily injury and/or property damage resulting from the use of the Equipment Rental. **I agree to hold harmless The Exhibitor Support Centre Inc., & Exhibition Place Board of Governors/Direct Energy Centre.** I also acknowledge the failure to return the Rental Equipment in the same condition it was rented to me, will result in a charge to my credit card for the full replacement value, or repair cost, as well as any, and all legal fees.

PRINT NAME SIGNATURE