

RENTAL BOAT SAFETY CHECKLIST Contract # _____

1. I, the pleasure craft operator, confirm that there are the appropriate number and sizes of approved Personal Floatation Devices or Life Jackets in the boat for the number of people on board. They must fit and should be worn. I am aware that persons operating a pleasure craft without the appropriate number and sizes of approved Personal Floatation Devices or Life Jackets may be subject to ticketing and a fine.
2. I, the pleasure craft operator, am aware that it is illegal to operate a pleasure craft, or to permit others to do so, when under the influence of alcohol, narcotics, or barbiturates.
3. I, the pleasure craft operator, will only allow people who have completed and signed a Rental Boat Safety Check List, valid for the duration of this rental or have other proof of competency, to operate this pleasure craft. I am aware that persons operating a pleasure craft without proof of competency/age may be subject to ticketing and a fine.
4. I, the pleasure craft operator, have been shown how to use, and know the location of safety equipment required under the Small Vessel Regulations. I am aware that persons operating a pleasure craft without the required safety equipment may be subject to ticketing and a fine.
5. I, the pleasure craft operator, understand that pleasure craft fitted with motors must keep clear of non-powered pleasure craft. I also understand that I am responsible for my own wake and wash and the effects that it can have on other pleasure craft, property, wildlife and the environment.
6. I, the pleasure craft operator, when involved in an accident must stop, or offer assistance to anyone in need and give my identity.
OPERATION OF THE WATER CRAFT
7. I, the pleasure craft operator, am aware of how to responsibly operate a pleasure craft and to share waterways in a courteous and respectful manner with others involved in all water-related activities.
8. I, the pleasure craft operator, confirm that the maximum load capacity and number of persons in the pleasure craft will not exceed the amount stated on the capacity plate. If a capacity plate is not fitted, the load capacity and number of persons in the pleasure craft shall not exceed the manufacturers' recommendation. I am aware of the proper way to distribute weight in the pleasure craft for a safe and comfortable ride and I will keep my passengers in the safest positions at all times – always seated while underway.
9. I, the pleasure craft operator, have been shown the proper procedure for starting and shutting off the engine and will make sure no person is in the water within the vicinity of the pleasure craft before starting and while running the motor.
10. I, the pleasure craft operator, have been shown and understand the operation of the throttle and gear-shift lever.
11. I, the pleasure craft operator, know where and how to operate the ignition cut-off (kill) switch. While operating a Personal Water Craft, I will stay tethered to it at all times.
12. I, the pleasure craft operator, am aware of how to depart and approach the dock in a safe and proper manner.
13. I, the pleasure craft operator, am aware of how to respond to grounding, capsizing, and re-boarding.
14. I, the pleasure craft operator will not operate personal watercraft after dusk.
LOCAL HAZARDS AND CONDITIONS
15. I, the pleasure craft operator, am aware of the local navigational aids and their meaning, as well as local hazards and local regulations.
16. I, the pleasure craft operator, shall maintain a proper lookout at all times for other boats, navigational hazards and changes in weather conditions – changes in weather can occur quickly creating conditions dangerous to recreational boats.
17. I, the pleasure craft operator will not navigate through any river bodies, or shallow waters, and have been made aware of the boundaries.

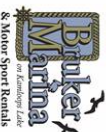
NATER CRAFT Type and Description: _____

Duration of Rental: _____ Today's Date: _____

Maximum Number of Persons Permitted in Boat: _____

Customer Name: _____ Bruker Marina Representative: _____

Customer Signature _____ Client Cell Number _____



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