



## **inReach Rental**

### **Norton Sound Health Corporation CAMP Department Injury Prevention Program**

A limited supply of inReach devices are available for rental at the CAMP Department. All inReach devices are available on a first-come, first-serve basis. Rental includes inReach Explorer+, charging cable, carabiner & quick guide instructions.

#### **Terms and Conditions:**

- All renters will be required to fill out a Wilderness Trip Plan. This trip plan may be referenced and utilized if required for emergency purposes.
- Renters will be required to sign a Release from Liability (attached).
- There will be a maximum of 5 days rental.
- A \$10 per day deposit will be required at time of check-out (\$50 max). Deposits will be returned upon return of the rental equipment. Check or Cash accepted. Late returns will result in a loss of your deposit. Renter will be responsible for cost of device if not returned.
- All renters must be 18 years of age or older.
- Messages may not be monitored on a regular basis, however NSHC may monitor sent messages if needed. Any illegal activity during rental will be prohibited and will affect future rental privileges.
- Devices will be available for pick up and drop off Monday-Friday 8am to 5pm (except NSHC holidays) at the CAMP Department. Please call CAMP at 443-3365 to rent an inReach device.

#### **Prior to your Trip:**

- Always send a test message on the inReach prior to leaving on your trip to ensure the inReach is working properly. Notify your emergency contact of your plans and location.

#### **Questions:**

Visit [support.deloreme.com](http://support.deloreme.com) for technical questions. NSHC IT help desk will also be available to assist with any technical difficulties Monday – Friday from 8-5PM. They can be reached at 443-4558.

To schedule a time to rent the device or see when a device will be available to rent, call the CAMP office main line at 443-3365 or email Katie Hannon at [khannon@nshcorp.org](mailto:khannon@nshcorp.org).

***By signing below, I am agreeing with the above terms and conditions:***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Staff Use Only*

Date Out: \_\_\_\_\_ Deposit: \_\_\_\_\_ (Cash or Check) Staff Initials: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Returned Deposit: \_\_\_\_\_ (Cash or Check) Staff Initials: \_\_\_\_\_