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GAYLORD HOTELS®

Wheelchair & Scooter Rental Agreement

Representative: _____ Date Requested: _____

Hotel Guest? N ☐ Y ☐

Room number: _____ PMS #: _____

Guest name: _____ Phone: _____

Email: _____ Rental Date: _____

✓	Equipment	Rental length	Amount	Tax	Total
	Knee Scooter	1-3 Hrs. (Hotel Guest)	Complimentary	-----	-----
	Wheelchair	1-3 Hrs. (Hotel Guest)	\$25	\$2.06	\$27.06
		Daily	\$40	\$3.30	\$43.30
		3-5 Days	\$65	\$5.36	\$70.36
		6-7 Days	\$110	\$9.08	\$119.08
	E- Scooter	1-3 Hrs.	\$40	\$3.30	\$43.30
		Daily	\$65	\$5.36	\$70.36
		3-5 Days	\$135	\$11.14	\$146.14
		6-7 Days	\$175	\$14.44	\$189.44

I accept responsibility for the operation of the equipment outlined above. I understand how the equipment operates, and I will not hold ACE Mobility or the Gaylord Texan Resort & Convention Center responsible or liable for any damage or injury incurred for any reason. I further understand that I am financially responsible for any damage or loss to the equipment while it has been rented and is checked out to me.

Authorized guest with a Credit Card will need to match name on Credit Card and Signature on the Agreement.

(Equipment will not be rented to guests under 18 years of age without parent or guardian agreement.)

****Valid Credit Card and Signature required for all rentals.****

****Rentals are to not be taken off property****

Guest Signature: _____ Date: _____

FOR REPRESENTATIVE USE ONLY

Date Charged: _____ Total Amount Charged: _____ PMS #: _____

Equipment #: _____ **Charger? Y N Key? Y N**

Date/Time returned: _____ Representative Initials: _____

ACE HOUSE ACCT#: 3293 ACE CHARGE CODE: 953