

Insured: _____

	Item – Name / Description	Age	Manufacturer	Serial #	Dimensions	Height & Weight Restrictions	Value	Protective Gear Required
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
						Total Value of All Equipment:		

Note: Following activities require prior approval by insurance company:

1. Slides with height exceeding 25 feet *(specify that the height is to the platform where they stand)*
2. Ropes Course