

Equipment Check-out

Name: _____ Phone Number: _____

School/Dept.: _____

Equipment Desired: _____ Tag # _____

_____ Tag # _____

_____ Tag # _____

Any other special needs/concerns? _____

Date equipment is to be returned: _____

Insurance Information: Does your homeowner or renter policy contain a clause or a rider that provides coverage for employer owned equipment? ___ Yes ___ No

If "No" is checked, you are assuming personal liability for all damages or loss of such equipment. If "Yes" is checked, please attach a copy of the pertinent clause or rider.

Signature: _____ Date _____

Approved by: _____ Date _____

By signing the above, I am agreeing that all equipment will be returned to the school/department in the same condition as when borrowed. Any damages or loss sustained during the check-out period, which includes removal from and return to this site, shall be the sole financial responsibility of the borrower.