Equipment Check-out

Name:_________________________________   Phone Number:_____________

School/Dept.:___________________________

Equipment Desired:____________________________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.