



Facilities and Services Equipment Request/Checkout Form

Requestor Information

Name: _____ Department: _____ Date: _____

Purpose for equipment use:

Equipment

Description	Bar Code No.	Serial No.	Date Received	Expected Return Date	Date Returned

Release of Liability

I, _____ acknowledge that the equipment is in good working condition and that I have examined the equipment to ensure that it is free from defects. I also understand and agree that the lender shall not be held liable or responsible in any way for any injury, death or other damages which may occur as a result of the rental and/or use of the equipment. I assume sole liability for any charges for any such injuries or damages and agree to pay full replacement cost in the event of any lost, stolen, or damaged equipment.

Borrower Print Name

Borrower Signature

Date

Supervisor Print Name

Supervisor Signature

Date

Director Print Name

Director Signature

Date