

# Campus Recreation Equipment Sign-Out Sheet

101 Lee Hall, SUNY Oswego, 312-3114

Day and Date Issued: \_\_\_\_\_

Borrower's Name: _____	ID#: _____
Borrower's Address: _____	
Borrower's Phone: _____	
Borrower's Email Address: _____	

The below information is to be filled out by the Lee Hall Employee issuing the equipment.

Staff Name: _____	Staff Phone: _____
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## Terms of Agreement

The following equipment has been borrowed on valid SUNY Oswego ID and the condition that I received the equipment will be the same as when I return it. I hereby do not hold Lee Hall liable for any damages to the equipment or any injuries resulting from the misuse of the equipment. I hereby understand that all damages incurred to the equipment fall solely on the borrower and will be paid in full upon meeting with the Director of Intramurals and Recreation. I hereby understand that the equipment is due back on the date prescribed during the sign-out process and if it is not returned within 24 hours of the return date, the borrower will be charged a full replacement fee of any/all equipment borrowed.

I hereby declare that the above information regarding personal information is accurate and correct. I understand that if the equipment was signed out under false pretenses, then the matter will be immediately directed to Judicial Services. Any equipment signed out is the sole responsibility of the borrower and therefore will be allotted only for the activity that the borrower is participating in. Under the Judicial Laws of the State of New York, this sign-out sheet is a binding contract that upon signing will bind the borrower to any of the aforementioned terms of agreement.

I hereby understand the rules and regulations stated above in the "Terms of Agreement" and also are aware of any penalties that will be acquired if any of the aforementioned rules/regulations are broken. I am conscious of the due date and will have the equipment back on that date and in the same condition it was received.

\_\_\_\_\_  
Borrower's P co g \*\*\*\*\*Date:

\_\_\_\_\_  
Staff P co g \*\*\*\*\*Date:

