

**SHSU UNIVERSITY DEPARTMENT
EQUIPMENT USE AGREEMENT**

Date: _____

University Department: _____

Contact: _____ ID#: _____

Telephone: _____ E-mail: _____

Equipment Requested: _____

Location where equipment will be used: _____

Pick-up Date: _____ Time: _____

Return Date: _____ Time: _____

I, the undersigned, reserving the above equipment, agree to the following:

- *Please initial that you understand how to properly use all equipment* _____
(Ask an Information Center employee to demonstrate the proper procedures if you have any questions.)
- All equipment is to be returned in the same condition in which it was issued.
- If equipment is not returned by the agreed date and time, a penalty of \$15.00 per item will be charged after four hours of the agreed time, and each day thereafter. In addition, any department not returning equipment on the agreed day and time will jeopardize their use of the equipment in the future.
- I agree to be fully and solely liable for all damages to, or loss, or destruction of, from any and all cases, including, but not limited to accidents, fire, theft, and vandalism. I agree that full replacement costs will be paid, if damage occurs, in its entirety within 30 days. Replacement costs for all equipment are posted on the back of this form.

Card Tables \$150.00 Chairs \$50.00
- Rental rates are \$15.00 per table and chair, per day, and apply to any program that is non-university related. Rental fees must be paid in advance.

Signature

Print Name

LSC Staff issuing equipment Date:

LSC Staff receiving equipment Date:

FOR LSC USE ONLY

Table Numbers: _____

Chair Numbers: _____

Other Equipment: _____