

Digital Media Center
West Chester University
Equipment Checkout Agreement

Today's Date: _____

Date Needed: _____

Name: _____

Department: _____

Position: _____

Phone Number/Ext: _____

Email Address: _____

Item(s) : _____

Description of Item (s):

Liability Statement:

"I agree to pay all costs associated with damage to the equipment listed above, or it's associated cords, batteries, chargers, etc, or it's replacement cost should it be lost or damaged while it is checked out to me. I understand that the replacement cost for this equipment may be as high as \$5,000.00 or more depending on the equipment borrowed."

Signature: _____

Date: _____ **Due Date:** _____

After completing the form, email to ewalton@wcupa.edu as an attachment.

For DMC use:
Returned by: _____ **Date:** _____