

Equipment Checkout Form

Clubs & Organizations – Office of Student Life
University of the Ozarks

Club or Organization Name: _____

Club or Organization Requester: _____

Club or Organization Requester Phone Number: _____

Requested Check-out Date: _____

Reason for Equipment Use: _____

EQUIPMENT ITEM	DATE CHECKED OUT	CHECKED OUT BY	# OF ITEMS	DUE DATE	DATE CHECKED IN	CHECKED IN BY

I acknowledge that I have inspected and received itemized equipment in good, working condition. I accept full responsibility for returning all equipment in **the same condition** as it was upon check-out, allowing for normal use and wear. I understand and acknowledge that I am responsible for ensuring the equipment is what I need and that I know how to use it properly. I also understand that my club or organization is responsible for replacing any lost or damaged equipment. **My signature hereby acknowledges that I have read, understand and agree to the terms and conditions of equipment check-out.**

Requester Name (Print): _____

Requester Signature: _____

Requester Student ID: _____