



INTRAMURAL EQUIPMENT CHECK OUT CONTRACT

PERSONAL INFORMATION

Name _____ ID Number _____

Phone Number _____

Equipment name _____ and number _____

Organization(if applicable) _____

Date Checked Out _____ Return Due Date _____

Date Returned _____ (office use only)

AGREEMENT CONTRACT

I, the above named member of the Washington and Lee University community, fully understands the equipment check out terms and agree to comply with all facility policies and procedures. Failure to comply with applicable equipment check out terms or facility policies and procedures will result in immediate termination of this contract and loss of all equipment and facility privileges. I understand that the equipment is the property of Washington and Lee University and may NOT be loaned to any other person.

ALL equipment MUST be returned to the Assistant Director of Campus Recreation on or before the "Equipment Return Due Date" listed above. Failure to return equipment by the designated due date will result in a financial penalty of \$10.00 per day. Equipment must be returned in the condition in which it was checked out. Damaged or lost equipment will result in financial penalty and loss of check out privileges against the person/organization checking out the equipment.

Signature

Date