

SIUE Outdoor Recreation Equipment Rental Agreement

Equipment Issue Desk: 618-650-2370

ALL EQUIPMENT RENTAL REQUESTS MUST BE MADE A MINIMUM OF 48 HOURS BEFORE THE EXPECTED TIME OF PICK UP

*Requests are accepted <u>Monday through Thursday</u> **ONLY****<u>Full Payment</u> is required at the time of the pickup

Name/Department:				800#:		
SIUE Affiliation: Student [] Other [De	Dept. Acct. #:				
Current Address: Street Campus/Cell Phone:		City		State Zip		
Pick Up Date:		Return Date:				
Office Use Only:						
E.I. Attendant Processing:				_ Date:		
Equipment Checked Out By:				Date:		
Equipment Checked In By:				Date:		
Equipment	Size	Quantity	Gear # Assigned	Day/Week Cost	Total Cost	
				Final Cost		
Reservation: Reservations are made Monda of a reservation 24 hours or less from the pic reservations must be made in person at Eq.	kup date will	result in a fee				
User/Responsibility: I hereby assume responsible a condition other than what it was checked or used only by me and will not be rented or load assessed the daily rental fee for each piece of	ut, I agree to aned to any o	pay the cleaning ther person. T	ng and/or repair costs he equipment will be	. I also agree that the returned by the date st	equipment will be atted, or I will be	
Release: In consideration of acceptance of the waive and release any and all claims for dame University Edwardsville, and all individuals successors, and assigners for any and all injust thereof. A seperate release of liability form in HERE for the form.	ages which n involved in the ries, loss of d	nay hereafter on the equipment is lamage suffere	eccur to me or which lental program, and and by me in any way c	I may have against Son ny of their agents, repro onnected with the equ	uthern Illinois esentatives, ipment and use	
Signature:			Da	te:		



SIUE Outdoor Recreation Equipment Check

Check Out

Equipment	Gear #	Overall Condition/Assessment			
Assessed by:		Date:			
•					
		Check In			
Equipment	Gear #	Condition Changes			
ssessed by: Date:					
Actual Return Date:					
	-	Office Use Only			
Office Use Only					
800 or Account #: Rental Fee (Departments/Organizations Only):					
100 of 1100 ont in 100 ont in the (Departments) of gamzations only)					
Late Fee: Damage Fee:					
Total Charges Assessed:	otal Charges Assessed: Account Has Been Charged Initials:				
Total Charges Hosessea.		intuis.			