
DCTP / Allied Media Projects Equipment Use Agreement

Checkout Date: ___/___/___ Return Date: ___/___/___

Customer Name: _____

Email Address: _____ Phone Number: _____

Equipment ID/Accessories: _____

DFM Alumni?:[yes] / [no] Year: _____

As the student identified above, I understand and agree that:

1. All equipment and accessories (collectively, "Equipment") must be checked out from and returned to the AMP IT Coordinator or his/her designee ("Coordinator") between 12:30pm and 5:30pm Mon-Fri.

2. All Equipment must be returned to the Coordinator. I will pay Allied Media Projects the full replacement cost for all Equipment that is not returned by the End Date for any reason.

3. All Equipment is provided "as is" and I must examine the Equipment before accepting it.

4. I will be solely responsible for the proper use, care and return of all Equipment. I will return all Equipment in the same condition in which it was received (except for normal wear and tear) and will pay Allied Media Projects the full cost of repairing or replacing damaged Equipment.

5. I will report any lost, stolen or damaged Equipment to the Coordinator within twenty four (24) hours of the time that it is lost, stolen or damaged.

6. The Equipment is for my own personal use and I will not let anyone else use the Equipment for any reason.

7. I will comply with all federal and state laws, including without limitation privacy laws, while using the Equipment.

8. I will be solely responsible for, and will indemnify and hold DCTP / Allied Media Projects harmless for, any liabilities, costs, expenses, injuries or damages (including without limitation attorneys fees and costs) actually or allegedly arising from or relating to the Equipment while it is checked out to me.

11. All amounts that I owe to Allied Media Projects relating to the Equipment must be paid in full at checkout or on return.

12. My failure to comply with the terms of this agreement may result in, among other things, termination of this agreement and suspension of my ability to use DCTP / Allied Media Projects equipment.

(signature) _____

Date: ___/___/___