

Verizon Grant Equipment Release Form



Name _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Contact Email address _____

Dates to be reserved _____ Return Date _____

I have accurately represented the above listed information and it is true and correct. I will not use any of the equipment to be provided to me during this transaction (for personal use, only for the use of the organization) until I have received instruction on its use and I fully understand its use and function.

Equipment User's Signature _____ Date _____

Equipment Loan and Release From Liability Agreement

I accept full responsibility of all equipment care, while it is in my possession, loaned to me by *United Way of Tompkins County*. I will be responsible for the replacement, at full retail value, of any equipment which is not returned, and I will be responsible for the costs of repairing any damage to the equipment.

Equipment to be loaned:

I have read and understand the terms of this Equipment Rental and Release form Liability Agreement.

Printed signature of user

Signed signature of user

Date