

UTHSC Campus Recreation Outdoor Adventures Rental Agreement

Renter's Information:

Name: _____ Daytime Phone: _____

Address: _____

UTHSC Affiliation: Student Faculty Staff Dependent/ Spouse Community

Student / Personnel Number: _____ or None Email Address: _____

Equipment:

Description	UTHSC #	Price	Deposit*	Condition

Payment:

Pick Up Date: _____

S M T W R F Sa

Return Date: _____

S M T W R F Sa

Total Cost: _____

Total Deposit*: _____

Total Cost Paid: Y or N

Receipt Given: Y or N

Deposit Received*: Y or N

Renter's Signature:

Staff Member's Signature:

*UTHSC Campus Recreation will evaluate the return of the deposit after the above equipment has been received and the condition has been reviewed by UTHSC Campus Recreation staff. This document serves as a record of the deposit. Deposits will not be processed without notice to the renter.

Equipment Rental Agreement Release Waiver and Renter Financial Liability

I have checked over the equipment listed above, agree that it is in good operating condition, that all parts/ accessories are present unless noted and agree to accept the equipment as is. I understand that there is not insurance coverage provided. I will be held financially responsible for theft, loss, abnormal wear and tear damage, and any late fee assessed. I understand that any fees assessed must be paid by the next business day. For any fees not paid within one month of the scheduled return date, the University will process the entire amount of my initial deposit. I understand the safety practices required in using this equipment and agree not to hold the UTHSC Campus Recreation Office, the Outdoor Adventures Staff, the University of Tennessee Health Science Center, or the State of Tennessee responsible for any injury, death, loss, or damage incurred from the use of this equipment. Furthermore, my signature below verifies that I have read, understand, and agree to the Equipment Rental Agreement Release Waiver and Renter Financial Liability statement above.

Signature: _____ Date: _____

Return Information:	
Actual Return Date: _____	Renter's Initials: _____

UTHSC Campus Recreation Outdoor Adventures Fee Assessment Form

Receiving Information:

Receiving Staff Member: _____

Notes:

Equipment Review:

Description	UTHSC #	Condition	Loss/ Damage Fee

Reviewing Staff Member: _____

Notes:

Fee Assessment:

Total Late Fees: _____

Days Late: 0 1 2 3 4 5 6+

Total Cost in L/ D: _____

Totals Fees: _____

Fees Due: _____

Date Fees Paid: _____

Renter's Signature:

Staff Member's Signature:

Deposit Processed: Y or N