



# Equipment Waiver

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**Name:**

**Department/Group (if applicable):**

**Cell Phone:**

**Email:**

I \_\_\_\_\_ have verified the condition of the equipment prior to checking it out and it is in good working order unless otherwise noted. I will return the equipment in the same condition. If any of the equipment is damaged, lost or stolen, I will take the necessary steps to ensure the equipment is repaired or replaced at my cost.

I also understand how to properly use the equipment and will call **Brendan Dettwyler (503-851-3133)** if I have any questions or concerns that need to be addressed. The equipment will be returned by the date agreed upon or I will email [asb@corban.edu](mailto:asb@corban.edu) to request an extension.

*This document can be filled out once for any use of ASB equipment throughout the 2015-16 Academic School year.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ASB Representative:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_