

## ***Equipment Loan Agreement / Check out Policy***

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Assistive Media Center  
Cañada College  
Bldg. 5 Room 105F\* (650) 306-3170



Electronic equipment is available for check out for students from the Alternate Media Center if the following criteria are met:

- The student must be enrolled at Cañada College and in good standing in the DSP&S program.
- The student must have previously worked with DSP&S for a minimum of one semester and/or have a recommendation from another DSP&S staff member.
- All equipment check out is subject to the approval of the AMC Specialist.
- Equipment must be returned no later than the date agreed upon.
- The student agrees to use equipment for school work and may not lend it to anyone.
- The student will take full responsibility for returning equipment clean, in good working order and in the same condition as received. You agree to keep food and beverages away from the equipment and free from dust and dirt. You will use only a slightly damp cloth with water only, not any type of cleaner to clean equipment.
- If the equipment is returned late or in dirty or damaged condition, the student will lose the privilege of checking out equipment in the future and be responsible for replacement costs (see value of equipment below).
- Equipment must be plugged directly into a grounded wall outlet or a grounded power strip. **DO NOT USE EXTENSION CORDS WITH THE EQUIPMENT. DO NOT TURN THE EQUIPMENT ON AND OFF REPEATEDLY – THIS COULD DAMAGE THE EQUIPMENT!**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment Loaned:

1. \_\_\_\_\_

2. \_\_\_\_\_

Serial Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Value: \_\_\_\_\_

Date of loan: \_\_\_\_\_

Due date: \_\_\_\_\_

*I will take full responsibility for the equipment. I have been trained on the use of this equipment and I understand how to shut it down properly. I have read the Alternate Media Center equipment loan agreement / check out policy above and I agreed to adhere to it.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Media Specialist: \_\_\_\_\_ Date: \_\_\_\_\_