



SAIL Loan Closet Agreement

Name of Person

Using Equipment: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Race/Ethnicity: _____

Disability of Person
Gender: _____ Using Equipment: _____

My Contact Info (if different): _____

How did you hear about SAIL? _____

I, _____, accept full responsibility and will take all necessary precautions in regards to safety and use of the equipment and will not hold Southeast Alaska Independent Living, its employees, officers, directors, agents, and volunteers, liable for injury as a result of utilizing this equipment. It is my understanding that this equipment is on loan and I agree to return the equipment in its original condition so that others may benefit from its use. If the equipment is not returned or is damaged, I agree to repair the damage or, if necessary, replace the equipment.

Loan received by - Signature Date

SAIL Staff Signature Date

Parent/Guardian Signature (if applicable) Date

Item Loaned: _____	SAIL ID #: _____
Staff Checking Item Out: _____	Date: _____ Due Back: _____
Staff Checking Item In: _____	Date: _____ Condition: _____
Notes: _____	



Item Loaned: _____ **SAIL ID #:** _____

Staff Checking Item Out: _____ Date: _____ Due Back: _____

Staff Checking Item In: _____ Date: _____ Condition: _____

Notes:

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Notes: