



Delta State University OUTDOOR EQUIPMENT RENTAL FORM

User's Rental Agreement: I assume full responsibility for the Outdoor Program's outdoor equipment noted rented and the accessories to be rented equipment. I agree to pay for damages incurred to rented equipment and accessories excessive of normal use and depreciation, as assessed by the OP staff. I also assume total liability for all damages incurred though the use or misuse of the equipment and accessories listed in this contract.

I understand that I am responsible for returning this equipment and accessories on the date indicated below. I also understand that there will be a late fee charged at the reserved item rate per day, per item until returned, including "free" rental equipment. Equipment must be returned clean, dry and in good order or a fee will assessed for each item. Damaged or lost equipment will be assessed at the current retail prices for repair or replacement (Retail and replacement costs available). Charges made on lost or damaged equipment are not contestable. All late, lost or damaged fees may be charged to my university account.

I agree to assume all risks and responsibility for any and all claims for damages and for injuries suffered while using this equipment, and to hold the Outdoor Program, the College of Education, and Delta State University harmless and not responsible for injury or accident incurred while using this equipment.

REFUND POLICY: The user must pay the total balance of the equipment rental upon reservation. The user must cancel equipment reservation at least 48 hours prior to checkout time or no rental fees paid will be refunded. No credit or refund will be issued for items rented but not used or for early return.

Signature _____ Date _____

Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

DSU ID# _____ Drivers License # _____

in Party _____ Destination _____ Gender M F

Circle One: Student - Faculty - Staff - Alumni - Community Member

_____ Current DSU ID checked

Date Out ____/____/____ Time ____ a.m./p.m. Staff Initials _____

Date Due ____/____/____ Time ____ a.m./p.m. Staff Initials _____

Date In ____/____/____ Time ____ a.m./p.m. Staff Initials _____

Payment Charge Rate _____ DAYS Total Charged _____ Deposit Amount _____

Circle One Cash Check

