YESHIVA UNIVERSITY  
Office of Disability Services

Beren Campus  
215 Lexington Avenue, Room 505  
New York, NY 10016  
(646) 592-4132

Wilf Campus  
500 West 185th Street, Suite 412  
New York, NY 10033  
(646) 592-4280

EQUIPMENT LOAN/BORROWER’S AGREEMENT

Student Name: ___________________________ Phone number: __________________

Date borrowed: ________________________ E mail: _________________________

Equipment borrowed: _________________________

To be returned no later than: ____________________

I understand and agree to the following:

1. This equipment is property of the Office of Disability Services (ODS), Yeshiva University.
2. I am responsible for prompt return of the equipment to the ODS.
3. I will take reasonable efforts to prevent damage to borrowed equipment.
4. This equipment is for my use only and I will not permit anyone else to use it.
5. I will notify the ODS of any malfunction, loss, or damage to the equipment as soon as possible.
6. If I fail to return equipment to the ODS by the above date, I will pay for the cost of the equipment.
7. In consideration of Yeshiva University (“Yeshiva”) permitting me to borrow and use the equipment listed above (the “Equipment”), I agree to indemnify, defend, and hold harmless Yeshiva, its officers, directors, employees, and agents from any loss, damage, claims, expenses or judgments, including without limitation, reasonable attorney’s fees, suffered, sustained, incurred, or required to be paid by Yeshiva by reason of any matter including personal injury (including death) or property damage (whether to me or third parties), arising from or relating to the Equipment or my possession or use of the Equipment.

_____________________________  _______________________________
Student Signature    ODS Representative

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_____________________________
Date returned

_______ The above-loaned equipment was returned to the ODS in good working order.

_______ The above-loaned equipment was returned with the following problem(s):

______________________________________________________________________________