

YESHIVA UNIVERSITY
Office of Disability Services

Beren Campus

215 Lexington Avenue, Room 520
New York, NY 10016
(646) 592-4132

Wilf Campus

116 Laurel Hill Terrace, Suite B
New York, NY 10033
(646) 685-0118

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

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):
