



<b>Office Use Only:</b>	
Date Rvd: _____	Rvd by Initials: _____
Date contacted Organization: _____	
Appt Date for Check Out: _____	
Appt Date for Check In: _____	

## LENDING LIBRARY Request Form

***(Check Out & Check In by appointment ONLY)***  
***(Lending Library Hours: Monday, Wednesday, and Friday, 9:00 a.m. -1:00 p.m.)***

**Organization Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### *Lending Library Items Requested*

<b>Item:</b>	<b>Quantity:</b>
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**Date items are needed by:** \_\_\_\_\_

***THIS SECTION WILL BE COMPLETED AT THE TIME EQUIPMENT IS RELEASED TO AGENCY.***

*Prime Time does not make any warranty, express or implied as to the merchantability or fitness for any particular use of any equipment. Prime Time does not assume any responsibility for any personal injury sustained while participating in the activity modules or use of the equipment thereof. Additionally, the undersigned entity agrees to add Prime Time Palm Beach County, Inc. as an "additional named insured" under the liability insurance policy(ies) of the undersigned.*

*The undersigned agrees that it will not sell or otherwise transfer the equipment being made available hereunder and shall not mortgage, pledge or hypothecate it.. The undersigned also agrees that it will either replace or pay the value of any equipment damaged. Finally, the undersigned agrees that the equipment shall be returned to Prime Time **four weeks** from date provided with equipment (unless other arrangements are made with Prime Time **in writing**. Moreover, providers agree, if requested by Prime Time, to place stickers or other identifying markers that the equipment is owned by Prime Time.*

**DO NOT WRITE BELOW THIS LINE.**

<b>Item:</b>	<b>Quantity:</b>
<b>Release date:</b>	<b>Return date:</b>

**Approved by Prime Time Representative**

\_\_\_\_\_  
(Print/Signature)

\_\_\_\_\_  
(Date)

**Accepted by Agency Representative**

\_\_\_\_\_  
(Print/Signature)

**Organization Name**

\_\_\_\_\_  
(Date)

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