



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

LENDING CENTER
Request Form
(Check Out & Check In by appointment ONLY)
(Lending Library Hours: Monday through Friday, 9:00 a.m. -3:00 p.m.)

Organization Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

E-mail: _____ **Fax:** _____

Lending Library Items Requested
(Each item to be listed separately unless part of a kit)

Item:	Quantity:	Item:	Quantity:
Item:	Quantity:	Item:	Quantity:
Item:	Quantity:	Item:	Quantity:
Date Items Are Needed by:	Release Date:	Due Date:	Return Date:
Rechecked Out Date:	New Due Date:	Return Date:	Value of Check Out:

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.

*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.*

Approved by Prime Time Representative

Accepted by Agency Representative

(Print/Signature)

(Print/Signature)

(Date)

(Date)