

**Office of the Superintendent
Bow School District -- SAU #67
32 White Rock Hill Road
Bow, NH 03304-4219**

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AGREEMENT TO BORROW SCHOOL DISTRICT OWNED EQUIPMENT

I request the use of the following equipment for the dates and purpose(s) outlined below:

Name: _____

Equipment: _____ Serial #: _____

Purpose: _____

Dates: from _____ to _____

In consideration for the privilege of borrowing school district owned equipment, I understand and acknowledge that I am responsible for this equipment while it is in my custody and control, and agree to return the equipment in the same condition in which it was received.

I have adequate personal property insurance to cover the value of the equipment in the event that it is damaged or stolen. In the event that my homeowner's coverage does not apply, I understand that I may be held financially responsible for replacement or repair of the equipment.

For students under the age of 18, a parent or legal guardian must also sign below.

Student _____

Parent _____

Employee _____

Address _____

Telephone Number: _____

Authorized by:

Business Administrator.