**Gymnastics Newfoundland & Labrador**

**Equipment Loan Form**

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| **Borrower Information**  Name (please print):  Gym/Club:  Mailing Address:  Preferred email: |
| **Equipment Information**  Item Description:  Value: |
| **Terms of Loan Equipment**  The borrower assumes full responsibility for this/these item(s). Should the item(s) become lost or stolen the borrower is responsible for the replacement or cash value of the item(s). Should the item(s) become damaged the borrower is responsible for repairs. |
| **Agreement**  I have read and understand the terms of this equipment loan.  CHECKOUT PERIOD:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Borrower Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of GNL Representative Date |
| **Equipment Return Information** (for office use only)  Date Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was Equipment Returned in original state? Yes No  If no, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |