**Community Equipment Loan Agreement**

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| Name: Enter name | Item(s) Borrowed: Enter item |
| Phone Number: Enter number | Description(s): Enter description |
| Address: Enter full address | |
| Email Address: Enter address | Date Borrowed: Enter date |
| Social Security ID: Enter ID | Return Due Date: Enter return date |

The insert department name Department at James Madison University is lending equipment for the purpose of insert lending purpose. In order to maintain the integrity of the department and comply with the copyright law, the following applies to community members who receive equipment from insert department name, including insert list of equipment/supplies loaned and any other equipment loaned by insert department name.

By signing this form, I agree to keep all insert department name equipment loans in good condition. I agree to return item(s) promptly to insert department name by the return due date listed above. If I am otherwise no longer participating in the related program with JMU before the due date, the item(s) will be due at that time.

I am responsible for replacement costs if equipment is lost, damaged, destroyed or stolen. If I fail to return insert list of equipment/supplies loaned materials in good condition by the return due date, the cost of repair or replacement will be due and payable by check payable to James Madison University. Any remaining uncollected balance will result in collection procedures including referral to an outside collection agency or referral to the Office of the Attorney General, Division of Debt Collection pursuant to the Virginia Debt Collection Act, Va. Code §2.2-4800 et seq. I am responsible for all collection fees incurred in collecting my account, which may include interest, late fees, and reasonable attorney’s fees.

By my signature I acknowledge that I have received a copy of this agreement and all above listed items. I have read or heard this contract read aloud, and understand the conditions of the agreement. My signature is my commitment to adhere to these responsibilities and terms.

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| Printed Name: Enter your name |  |
| Signature: | Date: |
| Insert department name Representative: | Date: |

Form Created: 5/27/15