



Equipment Check-Out Request/Agreement Form

***Filling out a request form doesn't guarantee equipment reservation.**

Organization Name _____

Contact Person Name _____ Date(s) of Reservation _____

Phone _____ Email _____

Name of Event or Purpose of Rental _____

Address of Event _____

Tent Type Desired: _____ Pop Up Lactation Station Tent (single user at a time) _____ 10x10 Lactation Station Tent

HPH Office Location for Equipment Pick Up: Alexandria Elbow Lake Glenwood Morris Wheaton

To be arranged upon availability with HPH staff:

Check-Out Date & Time: _____ Check-In Date & Time: _____ Cost: (No Rental Fee)

Notes _____

Equipment Check Out Rules:

1. All equipment rentals require a responsible party on the agreement that will provide a valid I.D. at time of equipment pick up.
2. Individuals are advised to check all equipment before signing them out and are fully responsible for equipment under their care. Individuals are advised not to leave equipment unattended.
3. Equipment is to be checked out for approved events and purposes only and is only for use by the intended borrower, strictly for public use. All equipment must be returned by the end of the checkout duration.
4. Horizon staff do not drop off or pick up checked out equipment.
5. Equipment must be returned the way it was checked out. Individuals are responsible for the repair costs of any equipment damaged under their care or the replacement costs of any equipment not returned.
6. Horizon Public Health will not accept responsibility for damages caused directly or indirectly by the rented equipment.
7. The borrower assumes sole liability for any injuries or damages sustained while using this equipment.
8. Late returns will be fined at \$20 a day, up to a cap of \$1,700. Individuals or organizations with fines will be barred from further equipment check out until the fine is cleared.
9. There may be circumstances that equipment becomes unavailable after reservation. We will contact you if we become aware of any issues that might affect your reservation.

I have read and fully understand the equipment check out Rules & Regulations and agree to comply with all equipment policies and procedures. I assume full responsibility of the equipment checked out including complete financial responsibility in the event of loss, theft, damage or irresponsible use of equipment. I understand that failure to comply with applicable equipment check out terms or policies and procedures may result in immediate loss of all equipment privileges and assessment of damages and/or late fees.

I, the Borrower, agree to indemnify, defend, and hold harmless Horizon Public Health, its officers and employees against any and all liability, loss, costs, damages, expenses, claims or actions, including Attorney's fees which Horizon Public Health and its officers or employees may hereafter sustain, incur or be required to pay, arising out of or by reason of any act or omission of Borrower, its agents, servants, employees, or the public use of the equipment in the execution, performance, or failure to adequately perform Borrower's obligations pursuant to this contract.

Printed Name _____

Signature _____ Date _____

-----Office Use Only-----

Date approved: _____ Signature: _____

Date/time picked-up: _____ Date/time returned: _____ Damages/Late Fees: _____