

INSTRUMENT CHECK-OUT AGREEMENT

Name: _____ **Dawg Tag:** _____
(Last Name) (First Name)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Instrument: _____
(Manufacturer, Model)

AGREEMENT

By completing this form, I am requesting approval to participate in the instrument check-out/rental program offered by the School of Music. I further agree that I shall be solely responsible for the instrument during the check-out period.

If the instrument or any portion of the instrument is damaged or broken while in my possession, I agree to pay the related costs to the School of Music to return the instrument to its condition prior to checkout to me or to replace the instrument. The determination as to repair or replacement shall belong solely to SIUC. This expense shall be charged to my Bursar bill. I agree that such expenses are "educational expense," and I understand failure to pay the charges will result in forfeiture of all rights to instrument check-out/rental privileges. If I experience a problem with an instrument or any part thereof while it is checked out to me or if it becomes inoperable due to what I believe is normal wear and tear, I will immediately return it to the School of Music and provide all necessary information related to the problems with the instrument. I understand that the final determination as to normal wear and tear shall be made by SIUC. If I fail to return an instrument or any part of the instrument to the School of Music or if it is lost, stolen or damaged to an extent to require total replacement, I agree to pay the full replacement cost of the instrument. Such amount shall be billed to my Bursar account as an educational expense.

I further understand that this liability statement is binding for the duration of my enrollment at Southern Illinois University Carbondale, and covers all occurrences of instrument checkout/rentals. I further understand and agree that failure to follow written policies of this program may result in removal of my instrument check-out/rental privileges.

My signature below indicates my agreement with the above liability statement.

Serial Number: _____ **SIU Number:** _____

Signature _____ **Date:** _____

	<u>Issued</u>	<u>Returned</u>	<u>INSTRUMENT CONDITION</u>
Mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Dents, etc. _____ _____ _____
Ligature	<input type="checkbox"/>	<input type="checkbox"/>	
Cap	<input type="checkbox"/>	<input type="checkbox"/>	
Strap	<input type="checkbox"/>	<input type="checkbox"/>	
Bocal	<input type="checkbox"/>	<input type="checkbox"/>	
Valve Oil/Grease	<input type="checkbox"/>	<input type="checkbox"/>	
Rosin	<input type="checkbox"/>	<input type="checkbox"/>	
Chin Rest	<input type="checkbox"/>	<input type="checkbox"/>	
Lyre	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Issued: _____ **Entered:** _____ **Returned:** _____ **Cleared:** _____