

# WHITEHEAD MEMORIAL MUSEUM



## Device Checkout Form

The Whitehead Memorial Museum is providing the opportunity to check out a device that is the property of the Whitehead Memorial Museum. This device is to be used only for educational purposes. No person should use this device for personal use of any kind. The following procedures will serve as guidelines for the use of museum devices and their checkout. Any one checking out a device will be required to sign this form acknowledging that they have read and agree with the museum's device checkout procedures before a device can be taken from the museum property.

1. All use of the museum's devices must be for educational purposes. You are not to use the device for personal, commercial or business use or for political or religious reasons.
2. Those who checkout a device assumes full responsibility for basic care of the device.
3. Those who checkout a device assumes full responsibility for security of the device on and off museum premises.
4. Those who checkout a device assumes full responsibility for reporting device problems, breakage and damage immediately.
5. Those who checkout a device assumes full responsibility for repair cost due to intentional damage or damage due to neglect.
6. Those who check out a device assumes full responsibility for the replacement cost of the device in the event the person loses possession of the device for any reason or in the event the device is destroyed or rendered useless due to damage while in the care of the person, including loss of use due to theft, fire, flood, lightning, or any other cause.

I have read the Device Checkout Procedure above and agree to comply with them as stated. I also understand that any violation of these procedures may constitute me not having future access to a device for use away from the museum facilities. I accept full responsibility for the replacement cost of the device I have checked out in the event of any loss or damage to this equipment in the amount determined by the Whitehead Memorial Museum. I waive any and all claims which I and my heirs or assigns may now or hereafter have against the Whitehead Memorial Museum, its members, Board of Trustees, staff, the City of Del Rio, and Val Verde County, which may indirectly or directly result from my use of the device.

User Name (Print) \_\_\_\_\_

User Signature \_\_\_\_\_

Date: \_\_\_\_\_

### FOR MUSEUM USE ONLY

Device Number \_\_\_\_\_

Date Checked Out \_\_\_\_\_

Date Returned \_\_\_\_\_

Device Condition \_\_\_\_\_

Employee Signature \_\_\_\_\_