

**YESHIVA UNIVERSITY**  
**Office of Disability Services**

**Beren Campus**

215 Lexington Avenue, Room 505  
New York, NY 10016  
(646) 592-4132

**Wilf Campus**

500 West 185<sup>th</sup> Street, Suite 412  
New York, NY 10033  
(646) 592-4280

**EQUIPMENT LOAN/BORROWER'S AGREEMENT**

**Student Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Date borrowed:** \_\_\_\_\_

**E mail:** \_\_\_\_\_

**Equipment borrowed:** \_\_\_\_\_

**To be returned no later than:** \_\_\_\_\_

I understand and agree to the following:

1. This equipment is property of the Office of Disability Services (ODS), Yeshiva University.
2. I am responsible for prompt return of the equipment to the ODS.
3. I will take reasonable efforts to prevent damage to borrowed equipment.
4. This equipment is for my use only and I will not permit anyone else to use it.
5. I will notify the ODS of any malfunction, loss, or damage to the equipment *as soon as possible*.
6. If I fail to return equipment to the ODS by the above date, I will pay for the cost of the equipment.
7. In consideration of Yeshiva University ("Yeshiva") permitting me to borrow and use the equipment listed above (the "Equipment"), I agree to indemnify, defend, and hold harmless Yeshiva, its officers, directors, employees, and agents from any loss, damage, claims, expenses or judgments, including without limitation, reasonable attorney's fees, suffered, sustained, incurred, or required to be paid by Yeshiva by reason of any matter including personal injury (including death) or property damage (whether to me or third parties), arising from or relating to the Equipment or my possession or use of the Equipment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
ODS Representative

\*\*\*\*\*

\_\_\_\_\_  
Date returned

\_\_\_\_\_ The above-loaned equipment was returned to the ODS in good working order.

\_\_\_\_\_ The above-loaned equipment was returned with the following problem(s):  
\_\_\_\_\_