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# CAIU Early Intervention Assistive Technology Lending Library

# RESPONSIBILITY AND LIABILITY FORM

Please read and **SIGN BOTH** the "Borrower's Responsibility and Liability" and the "Release of Liability" statements below.

Please note that you must **IMMEDIATELY** report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.

## BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of the items/device(s).

I am responsible for returning all components to CAIU's Early Intervention Assistive Technology Lending Library by the date specified at pick up. If I find that any items borrowed are not working properly, I must call the CAIU Early Intervention Assistive Technology Lending Library at 717-732-8400 ext. 8655 immediately so I will not be held financially liable for damage.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact the CAIU Early Intevention Assistive Technology Lending Library at 717-732-8400 ext. 8655 immediately.

**The total replacement value of the item(s) I want to borrow is $_____ plus the cost of the shipping case, if applicable**.

In the case of theft, I will not be held responsible, as long as I immediately report the incident to the police and provide a copy of the police report to the CAIU.

I understand it is illegal to copy or distribute any software loaned through the CAIU Early Intervention Assistive Technology Lending Library. Upon completion of the loan period, if I have loaded borrowed software on my computer, I will remove it.

Failure to comply with these responsibilities will result in loss of future access to the CAIU Early Intervention Assistive Technology Lending Library, in addition to applicable financial liability.

_____ _____

Signature of Responsible Party Date

_____ _____

Print Name Phone

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**RELEASE OF LIABILITY**

I agree to indemnify and hold harmless the Capital Area Intermediate Unit and any and all employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Capital Area Intermediate Unit and any and all employees, agents or representatives of same, in connection with loan(s) from the CAIU Early Intervention Assistive Technology Lending Library.

_____ _____

Signature Date

_____ _____

Print Name Phone Number