



Please Print:

Group Name: _____

Contact Person: _____ Campus ID# _____

Local Phone: _____ E-mail: _____

For IDT Purposes:

Dept Name: _____ Dept. Bookkeeper/ Bus. Manager's Name: _____

Phone: _____ E-mail: _____

Project #: _____ OUC#: _____

Date Out _____ Return Date _____

Rental Equipment Needed:

QTY	Item Description	Price
TOTAL PRICE		

***All equipment is subject to availability and quantity limitations. All Outdoor Adventure Rental Policies and Procedures including cleaning, late, and damaged fees apply to all equipment rented.
 **Please see website for pricing
 ***All group rentals must be reserved 2 weeks in advance.
 Please submit form to Outdoor Adventure Rental Center during regular operation hours or email to recreation-outdoor@ncsu.edu**

I assume full responsibility for equipment rented from NC State University's Campus Recreation Outdoor Adventures Program. I have checked the equipment and found it to be in good and usable condition and agree with the inventory numbers above. I agree to pay for damages to equipment and accessories in excess of normal use as assessed by Outdoor Adventures. I assume total liability for all loss or theft of property. I will be assessed the daily rental rate charge per each piece of equipment, per each day past the return date up to full payment of equipment. If equipment is not returned I will be charged for the full replacement cost of the equipment.

I understand there are risks involved in the activities for which this equipment is intended and that injuries may occur. I agree to hold NC State University and its officers, employees, and agents harmless from any and all liability for damage or injury to myself or to any person or property resulting from use of the equipment.

Signature: _____ Date: _____

Faculty/Staff Signature Required if Contact Person is a Student

Signature: _____ Date: _____