EQUIPMENT SIGN-OUT FORM

Office of Athletic Director

. I understand that by signing out the equipment, I assume responsibility for its condition, and will accept any charges that go towards replacement or repair in the event that the equipment is lost or damaged.

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Date Out		**Coaches Name** *(please print)*	**Sport**	**Equipment** *(be specific):*	**Coaches Initials**	**Date In**		**Coaches Initials**