## Outside Use of District-Owned Equipment and Materials

The undersigned, a member of the staff of the Lakewood City School (the "District"), hereby acknowledges receipt, use of and removal of District-owned equipment identified below (the "District Property"), subject to the terms and conditions set forth below.

I	hereby	agree	as	follows:
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1.	Until returned, the District Property shall be located on school property or in the possession of
	(employee's name).

- 2. The District shall retain, at all times, legal title to the District Property, and I shall not do anything to interfere with, disturb, or encumber the District's title to the District Property.
- 3. The District Property shall be used solely for educational and/or instructional purposes for the District.
- 4. I will return the District Property to the District upon demand by the District if the District determines that the District Property is needed for use by the District.
- 5. I will exercise all necessary care to protect the District Property while it is outside of the District. Any damage to District Property while in the district must be brought to the attention of an Administrator prior to it leaving the District.
- 6. Damage inflicted to or loss of the District Property while outside of the District may lead to the cost of repair, or replacement beyond the property warranty, regardless of whether such damage is caused by me or anyone else. Any determination of financial responsibility is subject to a final and binding review by the mutually appointed Review Panel that must be requested by the employee within fourteen calendar days after receipt of the Administration's determination. If District Property is not returned upon request, I will be responsible for all replacement costs of the District Property subject to a requested review by the Review Panel.

District Property:	Serial Number:		
Employee's Name			
Employee's Name:			
School Building:			
Employee's Home Phone:			
Employee's Signature:			
Administrator's Signature:			
Date:			
Equipment Distributed By:	(Print Name)		
Signature:			
Date.			