

**EQUIPMENT USE AGREEMENT - RETURN WITH INSURANCE PAYMENT**

**SUMMERVILLE UNION HIGH SCHOOL DISTRICT  
AGREEMENT FOR USE OF DISTRICT EQUIPMENT**

NAME OF STUDENT \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

GRADE: [ ] 7th [ ] 8th [ ] 9th [ ] 10th [ ] 11th [ ] 12th

**THIS SECTION IS TO BE COMPLETED BY SUMMERVILLE UNION HIGH SCHOOL DISTRICT:**

Type of District Equipment: [ ] iPad 2 [ ] iPad 4 [ ] iPad Air

[ ] Insurance Paid (initial: \_\_\_\_\_) ID/Serial Number(s) \_\_\_\_\_

Loaning Department and/or School-**Summerville High School**

Estimated Dollar Value: **\$499 Apple iPad\*; \$20 Apple USB Cable; \$20 Apple Power Adaptor;  
\$25 Protective Case**

Condition of Equipment (note any defects) \_\_\_\_\_

Date Checked Out \_\_\_\_\_ Return Date **May 25, 2018**

By signing this agreement, all parties agree with the value assigned to this school district equipment and the assessment of its condition as noted above. Borrower/Student agrees to return the equipment to Summerville Union High School District (District) on or before the return date stipulated above, or upon transfer out of District

Borrower agrees to indemnify Summerville Union High School District from any and all losses, claims, actions, damages, expenses or liabilities including reasonable attorneys' fees, to which District may become subject in connection with borrower's use of equipment or negligence. **Borrower agrees to pay to District any repair costs or the estimated dollar value if the equipment and accessories (power adapter, USB cable) are damaged, lost or destroyed.**

**\*Insurance coverage is available to parents for \$39 to cover the following (iPad only, not accessories):**

- \*Accidental Damage
- \*Fire/Flood Damage  
- includes drops/cracked screens/liquid spills
- \*Vandalism
- \*Liquid Submersion
- \*Natural Disasters
- \*Theft (*police report required*)
- \*Power Surge Due To Lightning

2017/2018 iPad insurance  
purchased by parent/guardian

Parent/guardian declines insurance coverage  
and will be responsible for full replacement  
value of device and accessories (see  
Estimated Dollar Value above)

\_\_\_\_\_  
**School District Staff- Signature**

\_\_\_\_\_  
**Parent/Guardian (Borrower) Authorized Signature**

\_\_\_\_\_  
**Print Name (District Staff only)**

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

(StudUse- DistEquip11-05)

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

**PLEASE COMPLETE BOTH SIDES OF FORM**