



COMMUNITY ENGAGEMENT KIT RESERVATION

Today's Date: _____
(MM/DD/YYYY)

Name (Last Name, First Name): _____

Phone Number: () _____ Email Address: _____

I am a (please check): UWL Student UWL Faculty/Staff

Date of Kit Pick Up: _____
(MM/DD/YYYY)

Date of Kit Return: _____
(MM/DD/YYYY)

Purpose for Kit Rental:

I _____ understand I am responsible for the Community Engagement rolling duffel/items inside the duffel/games/selfie frame reserved from Community Engagement. Should the items be damaged, I am responsible for paying to purchase replacements. Replacement cost will be determined by Community Engagement.

In consideration of permission for me to voluntarily participate in the above-described activity, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-La Crosse, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, University of Wisconsin-La Crosse, and their officers, employees, agents, and volunteers but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature

Date

Community Engagement Office Use:

_____ Application Complete Date	_____ Request Approved	_____ Request Denied	_____ Staff Initials
_____ Date Kit Picked Up	_____ Condition	_____ Staff Member Initials	
_____ Date Kit Returned	_____ Condition	_____ Staff Member Initials	

Cleary Alumni & Friends Center