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Simulation Equipment Use Agreement

I, _____, agree to the responsibility of the care and safe handling of the following equipment during my CSLC reservation. I agree to be responsible for expenses to replace the item should there be above and beyond normal wear and tear on the item.

Simulation equipment description: _____

Visiting Area: _____

Point of Contact Name and Number: _____

(Signature)

(Date)

Printed Name: _____