

Equipment Lease Agreement

Between Jerry A. Sessions of Landon Athletics

And: _____
Lessee Name. Either a Parent or Coach cannot be under the age of 18

Athletes Name: _____

School: _____

Address: _____

Phone of Athlete: _____ Phone of Parent or School: _____

Email: _____

Things highlighted in red please do not fill out that is for Landon Athletics Staff ONLY

1. Equipment Lease Description (i.e. poles rented, length, weight, and type):

2. Start Date of Lease: _____

3. Equipment Lease Cost: _____

Return of Equipment

Lease End Date: _____

Return Equipment to: Jerry A. Sessions

There is no grace period for failure to return Equipment on agreed date.

If Equipment is not returned, Jerry A. Sessions has the right to charge the cost of a replacement pole.

Use of Equipment

Lessee will use the Equipment in a good and careful manner and will comply with all recommendations to respect the Equipment.

- a. Equipment will be used for the purpose for which it was designed and not for any other purpose.
- b. Lessee will keep the Equipment in good repair appearance and condition. Lessee will supply all parts that are necessary to keep Equipment in good repair.
- c. Lessee will keep Equipment covered and protected from weather conditions such as rain and sun that could damage Equipment.

Loss and/or Damage to Equipment

Lessee is responsible for loss or damage to Equipment. If Equipment is lost or broken/damaged beyond repair, lessee will replace Equipment and pay for the cost of replacing Equipment.

Additional Costs: \$5 charge for every additional day equipment is not returned.

Understanding: Do both the Athlete and the Lessee understand the terms of this agreement. If yes both need to sign the following lines.

Lessee Signature: _____
Parent or Coach

Athlete's Signature: _____

Credit Card Information

We require all rentees to give us their credit card information. Once poles are returned and deemed in good condition will the below information be shredded. Landon Athletics will keep all credit card information in filing system off site to keep from theft.

Credit Card Number: _____

Expiration: _____ Security Code: _____ Zip Code: _____

Card Holders Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Phone: _____

Email: _____