

SOESD Program for the Deaf and Hard of Hearing

SOESD Regional Services PDHH Office
409 NW 3rd St.
Grants Pass, OR 97526
541-479-5135

VIDEO LOAN AGREEMENT

School year

Name of Recipient _____

Home Address _____

City _____

Home phone () _____ Work () _____

Cell phone () _____

Email _____ Work Location _____

I understand the sign language videos, DVD's and books are the property of the Program for the Deaf/HH. I agree I will not loan them to another person or program, nor will I dispose of them in any manner except to return them to the D/HH Lending Library, located at the Grants Pass Regional Services PDHH Office upon the date agreed.

I further understand that they are subject to recall at any time at the discretion of the Program for the Deaf/HH. I also understand that it is my responsibility to care for the videos, DVD's and books. I accept financial responsibility for any repair required as a result of my negligence. If the videos, DVD's or books are lost, stolen, or damaged beyond repair, I will reimburse the Program for the Deaf/HH for the full market value.

Signature _____ Date _____

If not an ESD employee:

Approved by Supervisor of Deaf/HH _____ Date _____