

CCRR Lending Library Contract
Please print clearly and fill in all applicable information.

Name: _____

Date: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

E-mail Address _____

Please initial in the box beside each statement, indicating you understand and agree with these statements.

- Children will be supervised at all times while using the borrowed equipment.
- Inventory will be completely checked before I return it.
- I will return all items by the due date.
- I will replace items that are lost or broken.
- I will clean and sanitize all equipment and bins before I return them.

I understand if any of the above agreements are broken that my lending library privileges may be revoked.

Signature: _____

Processing Date: _____

Staff Signature: _____

Member Code _____

**CCRR Kamloops
150 Wood St
Kamloops BC, V2B 0G6
250 376 4771**