

**Camp CEES/CCZARS EQUIPMENT TRANSFER FORM**

DATE \_\_\_\_\_

CAMP CEES PARTICIPANT \_\_\_\_\_

PARENT NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

The item listed below is hereby issued and assigned to the above individual.

Item \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_

By signature below, the individual acknowledges that he/she has received the above listed equipment on behalf of their minor child and will be solely responsible for its upkeep, maintenance and storage. The item(s) described above is/(are) now the personal property of said individual and this person agrees, upon signature, to accept this equipment and acknowledges that neither the University, Camp CEES, nor any of its representatives will be held responsible for the condition of the equipment described above.

\_\_\_\_\_

*Camp CEES Parent's Signature*

\_\_\_\_\_

*Date*