JACKSONVILLE STATE UNIVERSITY

INSTRUMENTAL RENTAL CONTRACT

|  |  |  |  |
| --- | --- | --- | --- |
| DATE RENTED |  | MANUFACTURER |  |
| INSTRUMENT |  | SERIAL NUMBER |  |
| PROFESSOR |  | REPLACEMENT VALUE ESTIMATE |  |

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| --- |
| I, the undersigned, agree to use the above instrument for the current semester and to return the instrument to the David L. Walters Department of Music at JSU before the rental period ends -OR- no |
| later than |  | . Any damage beyond reasonable wear and tear is the sole |
| responsibility of the renter. Any unrepaired damage or failure to return an instrument will result in a *HOLD ON ALL GRADES AND BILLING OF RENTER’S UNIVERSITY ACCOUNT FOR THE FULL REPLACEMENT VALUE. THE STUDENT IS FULLY RESPONSIBLE FOR THE COST OF REPLACING A LOST OR STOLEN INSTRUMENT.* |

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| PRINTED NAME OF RENTER |  |
| JSU STUDENT ID # |  |  |
| PHONE NUMBER |  |  |
| MAILING ADDRESS |  |
|  |
|  |
| EMAIL ADDRESS |  |
|  |  |
| SIGNATURE OF RENTER |  |