## STATEMENT OF RESPONSIBILITY FOR EQUIPMENT USE AT DXARTS

NAME	DATE
UW STUDENT/EMPLOYEE NUMBER	PHONE
	ADDRESS
<b>UW E-MAIL</b> @UW.EDU	

## RESPONSIBILITY

- I understand that while the equipment is checked out to me it is my sole responsibility and I will take all
  reasonable precautions to protect it. I will not allow others to use it and understand that if I do, I may be held
  liable for any loss, damage or criminal acts that may occur.
- I agree that I will be responsible for repair or replacement of the equipment and its accessories due to any loss or damage while it is checked out to me. I understand that I will be liable for the full replacement cost of the equipment. I also understand that if I do not make arrangements with DXARTS to pay such charges, it may affect my ability to register for classes at the University of Washington or receive my diploma and transcripts.
- 3. I understand that if the equipment is stolen or I suspect it is stolen, I must notify DXARTS and file a theft report with the University of Washington police immediately.
- 4. Non-compliance may result in loss of my account and loss of access to equipment at DXARTS.

## **USE GUIDELINES**

- 5. I will follow the rules for equipment use and understand that these may change during the quarter.
- 6. I agree to adhere to the terms and conditions outlined in the licensing agreements including licensing grant restrictions, copyright restrictions, and transfer restrictions. For example, I may not copy software for personal use.
- 7. I agree to adhere to acceptable use policies for uniform access computing as outline by the University of Washington.

## LIABILITY

- 8. I understand that DXARTS is NOT responsible for loss of data or other damage to files that may occur due to use of the equipment.
- 9. I also understand that all data is deleted from the equipment upon its return and that if I want to save my work, I must either download it to other media or transfer/copy the file(s) to my uniform access account.
- 10. I understand that this agreement must be renewed quarterly.
- 11. I am currently an enrolled student, faculty, or staff member at the University of Washington.

SIGNATURE	DATE	STAFF
		_