

**WESTERN OREGON UNIVERSITY MUSIC DEPARTMENT  
INSTRUMENT RENTAL AGREEMENT**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

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Instrument \_\_\_\_\_ Make \_\_\_\_\_

Serial # \_\_\_\_\_ Accessories \_\_\_\_\_

Purpose of Rental \_\_\_\_\_

Dates of Rental	F: _____	W: _____	S: _____	Su: _____
Cost: _____	Pd: _____	Pd: _____	Pd: _____	Pd: _____

***INSTRUMENTS MUST BE RETURNED TO THE APPROPRIATE FACULTY MEMBER, OR THE RENTAL  
MUST BE RENEWED, BY FRIDAY OF FINALS WEEK.***

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**I agree to be personally responsible for the return of the equipment in good condition. In case of damage or loss, I agree to pay for repair or replacement at market value that is acceptable to the WOU Music Department. I agree to pay all attorney's fees and other costs and charges for the collection of any amount not paid when due in accordance with the terms of this agreement. I understand that registration can be denied on all past due amounts.**

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Approved by (Faculty Signature)* \_\_\_\_\_ *Date* \_\_\_\_\_

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**RENTAL FEE WAIVER APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REASON** \_\_\_\_\_