

(Name of State Agency)
FITNESS ROOM PROPERTY EXHIBIT

USER: _____

Contact Person: _____

Phone #: _____

Fitness Room Location: _____

The (Name of State Agency) will allow User and those authorized by User as Participants to store the fitness equipment described below in Fitness Room.

DESCRIPTION OF PROPERTY	AGREED VALUE IF STOLEN/DAMAGED
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
TOTAL	\$

User agrees to assume responsibility for the maintenance, care and safe operation of or damage or loss to all equipment and personal property in care, custody or control of User or Participants whether or not described in this exhibit.

 Authorized Agency Signature

 Date

 Authorized User Signature

 Date

Change (*italicized*) information to name of sponsor and/or agency.

(6/99)