

**A-Z PROGRAM PARTICIPANT INFORMATION
 AND AGREEMENT FOR LOANER STENO MACHINE**

Your full name	
Address	
Cell phone	
Email address	
Emergency contact name	
Emergency contact address	
Emergency contact phone	

I, _____, understand that I will use steno machine model _____ (serial # _____) while I am participating in the A to Z program. I have permission to take it home for practice, and I acknowledge that it is in good condition. Should it need repairing due to my negligence (i.e., dropping/breaking, improper storage, etc.), I will be responsible for the costs to repair it. Should it be lost or stolen or irreparably damaged, I agree to pay _____ the value of this machine (\$400).

 Signature

 Date