

**Belleville Public Library & Information Center
NJ Health Connect iPad Agreement**

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

Phone: _____

In order to borrow an iPad, you must meet the following guidelines:

- Be at least 18 years old.
- Be a Belleville resident and have a library card in good standing with the library.
- Have your driver's license/ID number and credit card number recorded.

Your signature indicates your agreement to the following:

- I accept full responsibility for the iPad while it is checked out to me.
- I will not attempt to alter the device in any way.
- I will return the iPad in person to a library staff member at the front desk.
- I will pay a late fee of \$5.00 per day if I do not return the iPad by the due date. iPad's lend for 14 days and cannot be automatically renewed.
- I accept full financial responsibility for the iPad and agree to pay all costs associated with damage to or loss of the device and/or the accessories while checked out to me. (Replacement cost is \$600.00)
- I understand that the library may use any appropriate means to collect the money owed by me for fees, damages, or loss.
- If I encounter any problem with the iPad, I will return it and all its component parts to the library immediately.
- I have read and agree to the library's iPad Lending Program Policy and agree to use the device in a responsible manner, consistent with the educational and informational purpose for which they are provided and not for any unauthorized, unethical or illegal purposes.

Any use contrary to the policy outlined above may, at the sole discretion of the library staff, result in the loss of the library iPad privileges.

Borrower's signature _____ Date _____

For Library Staff Use Only

Library Card # _____ **iPad #:** _____ **Due Date:** _____

Credit Card #: _____ **CVC:** _____ **Exp:** _____

CHECK-OUT

Staff: Please check off to indicate that all pieces of equipment are present at the time of check-out.

___ iPad ___ Case ___ Instructions ___ Charging Cable ___ Patron ID copied ___ Staff Initials

CHECK-IN

Staff: Please check off to indicate that all pieces of equipment are present at the time of check-in.

___ iPad ___ Case ___ Instructions ___ Charging Cable ___ Staff Initials