

University of Alaska Fairbanks Police Department

Weapons Storage Agreement

PrintedName: _____ Date : _____

Permanent Home Address: _____

Permanent phone contact number: _____

Email address: _____

Local Address: _____

Local phone number: _____

Weapons Storage Agreement and Waiver of Liability

I, _____, hereby hold harmless the University of Alaska agents and employees, from liability for the loss or damage to any or all weapons and ammunition stored by me in a designated storage facility of the University of Alaska. I understand that the University of Alaska Fairbanks Police storage secure insurance for those items from a private insurance company.

I understand that in order to check out my weapons, I must contact the UAF Police Department at 474 7721 and make arrangements with the duty officer to withdraw my weapon. Please note that withdrawal is dependent upon prevailing matters at the time.

In the event that I do not rent and occupy residence hall space at the University of Alaska Fairbanks in any semester, I will remove any such weapons from the University's storage facility within the 30 days after such nonoccupancy. If I fail to remove said property, I hereby authorize the University to make disposition of such property according to law without further recourse from me.

Signature _____

Date: _____

Officer Signature: _____

Date: _____

Weapons permanently removed

Signature: _____

Date: _____