

Student Council at Eleanor Roosevelt College

User Agreement for S.C.E.R.C. Grills:

By signing at the bottom of this sheet I identify that I have read and understood all agreements involved in using the Grills and also understand that SCERC is not responsible for any injuries that may occur while Grills are in use.

Advisor's Name : _____ Signature: _____

Organization: _____ Date: _____ Time: _____

Cell Phone Number: _____ Email: _____

For Official use only:

Please ensure that the person checking out the grill is the Advisor to the Organization.

Please identify and record the utensils and the number of utensils used below:

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Advisor's Name : _____ Signature: _____

Organization: _____ Date: _____ Time: _____

Cell Phone Number: _____

For Official use only:

Please ensure that the student has left their I.D. at front desk

Please identify and record the utensils and the number of utensils used below:
