

**University of Delaware Medical Laboratory Science Program  
Damage to Equipment at Affiliates**

I, the undersigned, understand that if, due to negligence on my part, damage occurs to equipment at any of the affiliates where I am engaged in a clinical practicum, I will be responsible for the repair/replacement cost of the damage incurred.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_