

**LIABILITY STATEMENT CONCERNING THE USE OF ROOMS:**

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**Student's First Name and Surname:** .....

Degree course and year of studies: .....

**Date of use of the Room** .....**Duration: from** .....(a.m./p.m.)  
**to**.....(a.m./p.m.)

.....

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**Consent and legible signature of a Supervisor/Teacher**

**Signature of Faculty Office Staff Member**

**I, the undersigned, declare that I shall take responsibility for the aforementioned Room and its equipment which were made available to me for individual use on the confirmed date.**

**I shall respect all provisions of the Terms of Use of the Room in question.**

**With regard to the above statements, I acknowledge that I shall bear financial responsibility for the cost of any repairs and damages caused otherwise than during correct operation according to relevant terms of use. I agree to cover these costs.**

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**Legible signature of a Student, Date and Time**

**Legible Signature of a WSF's Employee, Date and Time**

**Confirmation of the end of use.**

**Room and equipment in a complete and unaltered condition according to the Terms of Use/  
Damage Report\***

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**Legible Signature of a Student, Date and Time**

**Legible Signature of a WSF's Employee, Date and Time**

\*Delete as appropriate