EXHIBIT F

CONNECTICUT STATE UNIVERSITY SYSTEM

LIABILITY WAIVER FOR
DONATED EQUIPMENT AND/OR SUPPLIES

I, _____________________, ___________________________________
[Name of Signatory] [Title of Signatory]
of ______________________, (hereinafter the “Donee”) hereby

[Name of Organization]

accept, on behalf of Donee, the donation of the equipment and/or supplies described on
the List of Donated Equipment and Supplies attached hereto (hereinafter, collectively, the
“Equipment”) by the Connecticut State University System.

The Donee understands and hereby acknowledges that the Connecticut State
University System makes no representation or warranty of any kind as to the condition,
operability or performance of the Equipment, or of its suitability for any particular
purpose, and that the Connecticut State University System assumes no responsibility
therefor. The Donee hereby accepts the Equipment “as is” and assumes all responsibility
for removal of the Equipment from the premises of the Connecticut State University
System.

The Donee hereby waives any and all claims for damage to the Equipment or
injury to its officers, agents and employees. The Donee hereby agrees to indemnify and
save harmless the Connecticut State University System, the Board of Trustees of the
Connecticut State University system, the State of Connecticut, and their officers,
employees and agents, from any and all liability, claims, suits, actions, damages or costs
of every nature and description, arising out of or resulting from the acceptance,
transportation, use, or storage of the Equipment, including injury to third persons.

Signed: ________________________________________________
Name:  ________________________________________________
Duly Authorized
Title:  ________________________________________________

Name of Donee
Organization: ________________________________________________
DATE: ________________________________________________

LIST OF DONATED EQUIPMENT AND SUPPLIES

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Name of Donee Organization:_________________________________

Date:_____________________________________________________