

# Equipment Sign Out

Name:		
Address:		
City:	State:	Zip:
Telephone: (       )       -       ext.		

Reserve Date:	
Checkout Date:	Return Date:
Checkout By:	

Camera:
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<input type="checkbox"/> 3hr Battery	<input type="checkbox"/> XLR Adapter
<input type="checkbox"/> 1hr Battery	<input type="checkbox"/> Video Breakout
<input type="checkbox"/> AC Power Acc.	<input type="checkbox"/> A/V Breakout
<input type="checkbox"/> Shoulder Strap	
<input type="checkbox"/> IR Remote	<input type="checkbox"/> Video Tape

Tripod:
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<input type="checkbox"/> Mounting Plate
<input type="checkbox"/> Remote Zoom

Wireless:
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<input type="checkbox"/> Transmitter(Mic)	<input type="checkbox"/> Mic Stand(TBL)
<input type="checkbox"/> Receiver	<input type="checkbox"/> Mic Stand(FLR)
<input type="checkbox"/> Mic Clip	<input type="checkbox"/> 9V Batt.

Mic:
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<input type="checkbox"/> XLR Cable	<input type="checkbox"/> Mic Stand(TBL)
<input type="checkbox"/> XLR>Mini Cable	<input type="checkbox"/> Mic Stand(FLR)
<input type="checkbox"/> Mic Clip	<input type="checkbox"/> 9V Batt.

Missing/Removed Items:

Other Items:

In consideration for the use of television production equipment provided by Derry Cable television and the Town of Derry for community access programming, I hereby agree as follows:

I agree to exercise reasonable care in the use of the equipment and to, at all times, keep the equipment in a safe place. I understand that I am responsible for, and will pay the cost to the Town of Derry, of any repair or replacement of equipment or materials resulting from missuse, loss, theft or vandalism while the equipment is in my possession or control. I agree to return the equipment at the time stated.

I agree that the intended use of the equipment is to produce a program(s) for Derry Cable Television and that the equipment will not in any way be used for personal profit or remuneration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Gardian of Minor Must Sign

Returned:	<input type="checkbox"/> All Items Included
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