



Lowell Thomas Communications Center Room 203
 845 575-3635 • fax 575-3645 • media@marist.edu • www.marist.edu/mediacenter

AUDIO/VIDEO EQUIPMENT RELEASE FORM

Please Note: All information must be filled out completely before any equipment will be released.

 Name (please print)

 Student CWID#

 Phone #

 Course/Club/Department

 Instructor/Advisor

 Instructor/Advisor Signature

I have read and understand the equipment loan policy and procedure. I understand that the equipment is my responsibility and I will be accountable for the cost of lost or damaged items while in my possession. I **will be charged** for any damage or loss to the extent that further usage is impaired or impossible without replacement or repair. Borrowing privileges may be suspended at any time for reasons of misuse, damage, loss, late return, or for other reasons at the discretion of administration.

Individual Responsible for Equipment (signature required): _____

Equipment Requested. Please check appropriate box or boxes in the **EQUIPMENT** section and submit to Media Center staff.

EQUIPMENT:

BARCODE #

- | | |
|--|-------|
| <input type="checkbox"/> Camcorder _____ | _____ |
| <input type="checkbox"/> Tripod _____ | _____ |
| <input type="checkbox"/> Light Kit _____ | _____ |
| <input type="checkbox"/> Reflector _____ | _____ |
| <input type="checkbox"/> Scrim/Flag _____ | _____ |
| <input type="checkbox"/> C-Stand _____ | _____ |
| <input type="checkbox"/> Mic _____ | _____ |
| <input type="checkbox"/> Fish pole _____ | _____ |
| <input type="checkbox"/> XLR Cable _____ | _____ |
| <input type="checkbox"/> Fostex _____ | _____ |
| <input type="checkbox"/> Video Projector _____ | _____ |
| <input type="checkbox"/> Screen _____ | _____ |
| <input type="checkbox"/> Tape Recorder _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |

EXPECTED RETURN :
(SELECT ONE)

24 HOUR _____

*WEEKEND** _____

** Must Return Monday by 10:00AM*

*LONG TERM** _____

**special permission only*

Return Date: _____

Date/Time OUT _____ Staff Signature _____

Date/Time Returned _____ Staff Signature _____

NOTES: _____

