DSU Film Equipment Checkout

Name_____ Phone_____ Email_____

Checkout /Retun Date _____ Date of Meeting with Ben Braten_____

Equipment Manager Signature Out:_____ In:_____ Today's Date_____

ITEM	QTY	NOTES/ KIT #	ITEM	QTY	NOTES/ KIT #
Video					
Audio					
Lighting			**Grip**		
Miscellaneous					
Other:					

I hereby accept full responsibility for all equipment checked out under my name. I agree to keep the equipment listed on the inventory checkout sheet in my possession alone, under my personal presence at all times and safe from hazardous conditions. I understand that I am financially responsible for replacing or having repairs done to any missing or broken equipment. Failure to comply with these guidelines may result in withdrawal from the class, possible suspension from Dixie State University and/or further legal action. I have thoroughly read the Equipment Rules and Usage form.

DSU Student Number_____ Date_____

equipment manager contact: Judea Runs Through email: judearunsthrough@gmail.com ph: 435-215-3261