

Waltham Community Access Corporation Equipment Check-out Form

Name: _____ Phone: _____

Pick up Date/Time: _____ Return Date/Time: _____

Equipment Must Be Returned Within TWO Business Days

| VIDEO KIT | KIT NUMBER/BAR CODE #'s |
|---|-------------------------|
| Camcorder XLR-XLR | |
| Camcorder Battery Handheld Mic | |
| Tripod Tape | |

| Equipment Desc. | Bar Code # | Equipment Desc. | Bar Code # |
|-------------------------------|------------|-------------------------------|------------|
| <u>Misc. Equipment</u> | | <u>Audio Equipment</u> | |
| Monitor | | Handheld Mic | |
| Light Kit | | Shotgun Mic | |
| <u>Cables</u> | | Lavaliere Mic | |
| XLR-XLR | | Wireless Mic | |
| XLR-Mini | | Headphones | |
| XLR-1/4" | | Floor Mic Stand | |
| BNC - BNC | | Table Mic Stand | |
| RCA - RCA | | | |
| <u>Adapters</u> | | <u>Misc. Equipment</u> | |
| BNC (F) – RCA (M) | | Extension Cord | |
| BNC (M) – RCA (F) | | Power Strip | |
| BNC BARREL | | Remote zoom | |
| BNC (M) – F (F) | | Camera manual | |

I, the undersigned, certify that the above equipment is in good working order. I assume full responsibility for loss and/or damage of equipment, aside from normal wear and tear, as described in the WCAC Policies and Regulations. Negligent handling of equipment will result in repair and/or replacement of equipment and forfeiture of use.

Member Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If under age 18 years)

Member Return Initials _____ Return Date _____

Staff Return Initials _____ Return Date _____