**Name:**  **Department/Group (if applicable):**

**Cell Phone: Email:**

**Check-Out Date: Equipment Checking Out:**

Cameras: Lenses: Other Equipment:

\_\_ Cannon Rebel T6\* \_\_ Sigma 30mm \_\_ Macbook Pro \_\_ Projector

 \_\_ Cannon Rebel T2i \_\_ 18-135mm \_\_ iPad 16 GB \_\_ Projector Screen

 \_\_ DJI Osmo\* \_\_ 70-300mm \_\_ Block Rocker \_\_ Shot Gun Mic

 \_\_ GoPro 3 \_\_ 85mm \_\_ Walkie Talkies \_\_ Rode Shot Gun Mic

 \_\_ 18-55mm \_\_ Megaphone

*All equipment marked with a \* require a Camera Handling Lesson from a MARCOM team member.*

**List all other Equipment Accessories checking out (SD Cards, Shades, Mounts, Tripods, Chargers, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have verified the condition of the equipment prior to checking it out and it is in good working order unless otherwise noted. I will return the equipment in the same condition. If any of the equipment is damaged, lost or stolen, I will take the necessary steps to ensure the equipment is repaired or replaced at my cost.

**The equipment will be returned by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I also understand how to properly use the equipment and will email **Josh Gillis (asb.vpmc@corban.edu)** if I have any questions or concerns that need to be addressed. The equipment will be returned by the date agreed upon or I will email **asb@corban.edu** to request an extension.

*This document can be filled out once for any use of ASB equipment throughout the 2018-2019 Academic School year.*

**Signature Upon Checking Out Signature Upon Returning**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**ASB Representative:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

***FOR ASB USE ONLY:*** *All* equipment checked out has been returned in working condition: \_\_\_ If not list below: