



**MINOR EQUIPMENT SIGN-OUT FORM**

Name of Minor:

Daytime Phone:

Address:

Evening Phone:

Date: / /

Program Title:

Equipment Taken:

Date To Be Returned:

***I hereby accept full responsibility for the above minor's use of the equipment listed and for the equipment itself, which will be used for the sole purpose of creating programming for LCATV. The minor will be the only person operating this equipment.***

Parent/Guardian's Name:

Photo Identification: \_\_\_\_\_ on file or Type/Number:

Parent/Guardian's Signature:

Date: / /

***I verify that all items listed above are in working order and taken by the above signed.***

Staff Signature:

**EQUIPMENT RETURN**

Date/Time Returned:

Approx. Hours of Usage:

***All of the equipment listed above has been returned in good order (hidden damage excepted).***

Staff Signature: