ARMA
AUBURN REGIONAL MEDIA ACCESS
Local TV made by YOU!

108 Genesee St. • Auburn, NY 13021
Phone: 315-282-7049 • Email: staff@armatv.org
Web: www.armatv.org

EQUIPMENT REQUEST

Day/Time Wanted: Day_____ Date_____ Time____:_____AM/PM

Return by: Day_____ Date_____ Time____:_____AM/PM

EQUIPMENT LOAN AND RETURN POLICY

All equipment that has been signed out from ARMA must be returned on or before the date and time signed on this sheet. The person who signs out the equipment is responsible for it. All equipment that is not returned (or lost or stolen) will be billed to you at the present replacement value. Any repairs resulting from misuse will be billed at parts plus labor. Unpaid bills will result in loss of access privileges at ARMA.

ARMA Staff will not continue to accept late equipment returns without penalty. You will be given one two-hour grace period for equipment return. If the equipment is not returned within this period, or the second time the equipment is returned late, even within the grace period, you will be required to submit a written request from ARMA coordinator to reinstate your equipment checkout privileges. Repeated late returns will result in the loss of sign-out privileges

The Auburn Police Dept. will be called and asked to assist in the retrieval of ARMA property that is not turned within two working days after the return date.

Equipment is to be used solely for public access projects to be aired on ARMA
There is a 48-hour limit on all weekday equipment loans, 72 hours on weekends.

CAMCORDER SYSTEMS

_____ CANON VIXIA HFS 30 #1 CANON VIXIA HFS 30 #2 _____

System includes: Camcorder; 1 Battery; AC Adapter; Battery Charger; Case; USB Cable

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OTHER EQUIPMENT (DESCRIBE)

TRIPOD_____ EXTRA BATTERY _____
MIC CABLE_____ MICROPHONE _____
EQUIPMENT BAG_____ AUDIO RECORDER_____
LIGHT KIT_____ SINGLE LIGHT_____
ADAPTERS_____
OTHER_____

EQUIPMENT DAMAGE OR LOSS AGREEMENT

I acknowledge that I am responsible for the equipment signed out until said items are returned to and checked in by ARMA Staff. I also acknowledge that I will be responsible for any repairs or replacement of equipment damaged or lost through my improper handling or misuse, and that I will return the equipment at the time and date agreed upon or face loss of my equipment privileges.

User Signature _____ Print Name_____

Parent/Guardian (if under 18 yrs old) _____ Print Name_____

NYS Drivers ID# _____--_____--_____

Address_____Phone#_____

Checked **Out** by ARMA Staff _____Date/Time_____

Checked **In** by ARMA Staff _____Date/Time_____

Reservation: Date/Time Completed_____