



**Equipment Reservation Form
Nevada County Television
112 Nevada City Highway
Nevada City, CA 95959**

Name (print) _____ Organization _____

Producer _____ Telephone _____

Project ID _____ Program Title _____

Pick-up Date ___ / ___ / ___ Return Date ___ / ___ / ___

***CHECK OUT** - Portable equipment will be checked out and in by NCTV staff. Equipment will be thoroughly examined both at check out and return to determine the condition of the equipment at that time. Users should allow enough time in their production planning for this procedure and to return equipment during office hours: Monday thru Friday Noon – 6pm*

Qty	Items	Condition to be noted	Out	In
	Camera	Indicate make/model:		
	Battery			
	Lighting			
	Tripod			
	Lighting umbrella			
	Clamp			
	Headphone			
	Mic			
	Other:			

***NOTE:** By signing this form, I agree to be financially responsible for damage or loss of equipment during the period it is reserved and used. Lost or damaged equipment will be repaired or replaced with identical equipment within thirty days. Failure to comply within this time period will result in suspension from use of all NCTV equipment and facilities until the lost or damaged item has been replaced or repaired. Failure to comply may result in legal action. I will not be responsible for normal wear and tear of equipment. As an NCTV equipment user, I agree not to represent myself as an agent, representative or employee of NCTV.*

Reservation Signature _____ Today's Date ___ / ___ / ___

Parent Signature is member is under the age of 18 _____