



Hastings Community Television Equipment Check-Out



Name _____ Phone _____

Email _____ Address _____

Date of Check-Out: _____ Date of Return: _____

HCTV Equipment checking out:

Camera Model and # _____ Equipment Bag # _____

Tripod # _____

Other HCTV equipment _____

I, the undersigned, state herewith that:

1) I am a legal resident of Hastings, MN and have provided valid identification to HCTV. (Staff initials _____)

2) I take full responsibility for the HCTV equipment signed for. I will report any loss or damage to the equipment upon its return. If any repairs or replacements are necessary as the result of the actions or negligence caused while the equipment I signed for, I will be charged the cost of such repairs or replacements as assessed by HCTV and may lose public access privileges. If the signed for equipment is returned in unsatisfactory condition and needs cleaning or other work done I will do so as requested by HCTV staff. If I fail to comply I will lose my public access privileges.

3) I will submit a copy of the production(s) made with any use of HCTV equipment for broadcast. The productions submitted must abide by all requirements stated in the Hastings Community Television - Application for Channel Time. These include but are not limited to a production that is not obscene, not for profit making purposes and no commercials are contained.

4) I understand that the use of HCTV's equipment, studio and any other resources is a privilege not a right. Hastings Public Access Corp. reserves the right to deny public access privileges to any resident considered abusive, disrespectful or uncooperative with HCTV's equipment, space or staff.

Signature

Date

Signature of HCTV Staff

Date

*****UPON RETURN - STAFF ONLY*****

Date Equipment Returned: _____

HCTV Staff Accepting Return: _____ Date: _____

Report of any operational issues or changes in condition: