

**CAMERA KIT &
A/V EQUIPMENT
CHECK-OUT FORM**

**Cahill Learning Resources
and Media Lab
(415) 338-3423**

Camera Kit and Equipment Check-Out Policy:

Camera Kits and Equipment may be checked out for **ONE WEEK** only.

FROM: _____ / _____ / _____ (DATE)	TO: _____ / _____ / _____ (DATE)	_____ Borrower Signature
RETURNED: _____ / _____ / _____ (DATE)		_____ Cahill Lab signature

CAHILL LEARNING RESOURCES AND MEDIA LAB - SAN FRANCISCO STATE UNIVERSITY - BURK HALL 319 - (415) 338-3423

- All equipment listed on this form is the property of San Francisco State University. By signing this document, the borrower listed below (the undersigned) acknowledges that any equipment borrowed is only to be used for approved University purposes and is only to be used by the person whose name is listed on this form.
- The undersigned acknowledges that the borrower is responsible for the proper care and return of the equipment to the Cahill Lab. Any loss or damage incurred to the equipment while checked out becomes the responsibility of the borrower.
- Borrower maintenance of university equipment is prohibited. Please report defective equipment immediately to the Cahill Lab.
- Lost, stolen or damaged equipment **MUST** be reported to the Cahill Lab within 24 hours. Failure to report lost, stolen or damaged equipment to the Cahill Lab may result in the **withholding of the student's records and/or withholding of assessment results**.
- **All equipment must be returned promptly**, since the equipment may be reserved by other students.
- Late return of equipment or unreturned equipment may result in financial responsibility and/or the **withholding of the student's records and/or withholding of assessment results**.
- **THIS FORM MUST BE SIGNED BY AN AUTHORIZED FACULTY MEMBER** before equipment can be checked out.

STUDENTS: Please read above policies and procedures carefully. **PRINT CLEARLY** and complete **all information** between the dotted lines.

_____, _____, _____, _____
LAST NAME **FIRST NAME** **STUDENT ID#** **DEPARTMENT**

_____, _____, _____, _____
STREET ADDRESS (____) _____ - _____ **PRIMARY PHONE#** **COURSE#**

_____, _____, _____, _____, _____, _____
CITY **STATE** **ZIP** **EMAIL** **INSTRUCTOR**

I have read and agree to all terms and conditions stated therein for **X** _____
the equipment listed below borrowed from the Cahill Lab at SF State. **BORROWER'S SIGNATURE** **DATE**

KIT NUMBER	PACT CAMERA KIT INCLUDES:	UNIT COST	TOTAL COST
GP-	1 EA - GoPro HERO 4 Silver Camera	\$324	\$ 556
	1 EA - GoPro Rechargeable battery	\$12	
	1 EA - Lexar 64GB MicroSD card w/USB adapter	\$39	
	1 EA - GoPro Dual Battery Charger w/battery	\$39	
	1 EA - Slik U6600/U9000 Tripod	\$45	
	(with detachable plate)	\$20	
	1 EA - GoPro Tripod Mount	\$6	
	1 EA - GoPro Skeleton Housing	\$28	
	1 EA - GoPro Casey Case	\$28	
	1 EA - Camera Kit Carrying Bag	\$15	
		INITIAL: _____	

Checked Out by:

Student

Faculty

Staff

Addition Equipment Requested:

EQUIPMENT#	DESCRIPTION	QUANTITY	UNIT COST

<p>CHECK-OUT: THIS PORTION TO BE COMPLETED BY GCOE FACULTY <i>I authorize the student named above to check out Cahill Lab equipment for academic purposes under conditions stated therein.</i></p> <p>_____ FACULTY NAME (PRINT) FACULTY SIGNATURE DATE</p>	<p>CHECK-IN: THIS PORTION TO BE COMPLETED BY CAHILL LAB <i>The equipment listed above has been returned in satisfactory condition.</i></p> <p>_____ CAHILL LAB SIGNATURE DATE</p>
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SECURITY OFFICER:

The person named on this form is authorized to remove from campus the listed equipment belonging to San Francisco State University only if this form is signed by an authorized faculty member AND an authorized Cahill Lab representative. Any inquiry concerning lost or stolen equipment should be reported immediately to the Cahill Lab and the University Police (415-338-7200). Any recovered equipment should be reported immediately to the Cahill Lab.