

Name:

Class year:

Email:

Cell phone:

CONTRACT:

I have read and agree to the [rental agreement](#). (Please initial)

I understand that I am the sole individual responsible for this equipment and in the event of loss, theft, or damage, I will be charged the full cost of the equipment. (Please initial)

REQUEST:

Checkout start date:

Checkout end date:

*To extend your equipment loan, please contact acit_video@colby.edu as soon as you know you would like to keep the equipment beyond the approved date. Without approved extensions, loans will be considered lost or stolen.

Equipment requested (please list each item):

PROJECT:

Description of the nature of your request/project (200 words max):

Project Supervisor, if relevant (name, title, email):

Does your supervisor have direct knowledge of the equipment in your possession? Yes No

Location(s) where equipment will be used:

Will you be flying with this equipment: Yes No

If flying, cameras and lenses must be carried on, not packed in checked luggage.

Do you have any concerns about potential damage to the equipment based on your project? Yes No

If so, please describe here and be prepared to discuss any concerns during the approval process.

Project Collaborators (especially those who may also use—or interact with—the equipment):

Will you be seeking academic credit for this program, project, or internship? Yes No

If so, what is the status of that application: Approved Pending I've not yet applied

QUALIFICATIONS:

Description of background preparation and familiarity with equipment (200 words max):

List courses taken at Colby or elsewhere through which you have gained familiarity with this or similar equipment:

List other relevant experiences:

Is there a current member of Colby faculty or staff that can verify your qualifications? If so, please list their name and title:

Will you be seeking (or do you have access to) additional training or support in learning more about this equipment?

Yes No

APPROVAL:

Before accessing the equipment, all students will need to demonstrate working knowledge of the equipment.

Please set up a meeting with a member of the Media Technology Group (Academic ITS) for final approval (acit_video@colby.edu). Complete this form and bring it to your meeting:

Staff printed name

Signed

Date

I confirm that I have provided accurate information and completed this application to the best of my ability.

Colby Student name:

Signed

Date

Equipment received:

Signed

Date