

WYANDOTTE CABLE COMMUNITY PROGRAMMING PRODUCTION/POST PRODUCTION/ EQUIPMENT SCHEDULING REQUEST FORM

NAME

PROGRAM:

DATE REQUEST WAS MADE:

REQUESTED DATE & TIME SLOTS:

CHECK THE APPLICABLE:

PRODUCTION STUDIO:

EQUIPMENT CHECK-OUT:

DUBBING:

EDITING:

Specify format:

Specify format:

PLEASE SPECIFY QUANTITY FOR REQUESTED ITEMS.

CAMERA EQUIPMENT & ACCESSORIES

QTY.	# OUT	# IN	QTY.	# OUT	# IN
	CAMERA			TRIPOD	
	BATTERIES			HEADSET	
	BATT. CHARGER			SD CARD	
	CAMERA ADAPTER			DOLLY	

AUDIO EQUIPMENT & ACCESSORIES

QTY.	#OUT	# IN	QTY.	#OUT	# IN
	CARDIOD			GOOSENECK	
	OMNI			XLR TO MINI	
	SHURE BETA 58			WINDSCREENS	
	SHOTGUN			WIRELESS	
	LAVALIER			MINI MIXER	
	MIC CORD			MIXER	
	MIC STAND			AUDIO REEL	

MISCELLANEOUS EQUIPMENT

QTY.	#OUT	# IN	QTY.	#OUT	# IN
	GAFFER TAPE				
	STOR-A-CORD				

OTHER (PLEASE SPECIFY):

SPECIFY TIMES:

PICK-UP DATE/TIME:

DROP OFF DATE/TIME:

DO NOT WRITE BELOW THIS LINE- STUDIO PERSONNEL ONLY

CONFIRMATION OF RESERVATION:

DATE:

COMMENTS:

**LIABILITY FORM MUST BE COMPLETED BEFORE USE OF
FACILITIES OR EQUIPMENT (SEE OTHER SIDE)**

LIABILITY AGREEMENT

The undersigned assumes full responsibility for damage (normal wear and tear excepted) to the television production equipment of Wyandotte Municipal Services while under his/her control or in his/her possession. The undersigned further agrees to exercise reasonable care in the use of the equipment and other facilities and to at all time operate the equipment safely.

The undersigned also agrees to completely reimburse Wyandotte Municipal Services for the costs of any repairs including charges for parts and labor due to any damage to equipment or other facilities resulting from misuse, loss, theft or vandalism while such equipment or other facilities are under the undersigned's control or in his/her possession.

If any piece of equipment is lost, stolen or damaged beyond repair due to negligence or willful destruction on the part of the user, the undersigned agrees to reimburse Wyandotte Municipal Services for the full cost (at the estimated fair market value) of replacing that piece of equipment. The undersigned agrees to pay Wyandotte Municipal Services **ON DEMAND** the cost for repairs or replacement, and agrees to pay reasonable attorney's fees and collection cost incurred in collecting or attempting to collect any sums due under this agreement.

PRINT NAME:

SIGNATURE: **DATE:**

DO NOT WRITE BELOW THIS LINE- STUDIO PERSONNEL ONLY

DAY OUT: **TIME OUT:** **STAFF MEMBER:**

DAY IN: **TIME IN:** **STAFF MEMBER:**

FOR AVAILABLE STUDIO TIME OR EQUIPMENT CALL STUDIO DIRECTOR OR STUDIO PROGRAMMER:

Studio Program Director – 734-324-7137

Studio Programmer – 734-324-7138

Studio- 734-324-7136

CATV Studio Email: cablestudio@wyan.org

LIABILITY FORM MUST BE COMPLETED BEFORE USE OF FACILITIES OR EQUIPMENT