

**Hustisford High School – Student Equipment Checkout**

**Student Section (Required)**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

By signing, I accept responsibility for any loss or damage to any equipment I have checked out from the Hustisford High School. This responsibility includes, but is not limited to, paying for any lost or damaged equipment. I understand that any equipment checked out in my name is to be used by me only and for the sole purpose designated by the staff member issuing me the equipment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature (Required)

**Sponsoring Teacher Section (Required)**

Required Equipment \_\_\_\_\_

Purpose \_\_\_\_\_

Days Required \_\_\_\_\_

Return Date \_\_\_\_\_

\_\_\_\_\_  
Staff Member Name (Print)

\_\_\_\_\_  
Staff Member Signature

**Business Teacher or Technology Coordinator**

Camera/Computer/Equipment Description  
\_\_\_\_\_

Camera/Computer/Equipment Serial Number  
\_\_\_\_\_

List all accompanying equipment (i.e. bag, memory cards, batteries, USB cable)

\_\_\_\_\_  
\_\_\_\_\_