



BURNSVILLE COMMUNITY TELEVISION EQUIPMENT LOAN AND RESPONSIBILITY

NAME _____ ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

1. I, the undersigned, hereby represent that I have completed the Burnsville Community Television course pertaining to the equipment I am checking out/using, or have proven proficiency with said equipment.
2. I will return all equipment in good working order, normal wear and tear excluded, at specified time and date.
3. I understand that I am liable for loss or damage to any equipment and liable for my actions while using equipment, whether checked out or used within a BCTV facility, and will report any problems or trouble with the equipment I am using to the BCTV staff.
- 4. I understand that the use of the equipment I am checking out/using MUST result in programming for one of the PEG access channels in Burnsville.**
5. I also understand that the use of this equipment for profit-making, revenue-generating or **personal use** is strictly prohibited.
6. I have read and am familiar with Burnsville Community Television’s OPERATIONAL USE POLICIES.

APPLICANT SIGNATURE _____ DATE _____

