

## VAST: CASIO EX-F1 Digital Camera REQUEST

requesting VAST member: \_\_\_\_\_

telephone #: \_\_\_\_\_ email: \_\_\_\_\_

school: \_\_\_\_\_

shipping address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

possible two-week periods (Monday thru the second Friday) list up to 3 possible periods

option #1: earliest possible date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The requesting VAST member needs to fax this form with his/her and the school's principal's signatures regarding acceptance of policies stated below.

1. The requesting person will take full responsibility for the safe use of the camera. This includes having all participants and observers following safe lab practices with any recorded activities.
2. The requesting person will be responsible for any images/video taken by the. VAST will not take any responsibility for inappropriate images/video and will hold the requesting person responsible. The requesting person must insure that students do not use the camera unsupervised.
3. The requesting person will be responsible for the timely return of all borrowed equipment. This will include ground shipping (approximately \$25) for the camera to go out before the final shipping pickup on that second Friday.
4. Please check whichever statement applies:  
\_\_\_\_\_ The school's insurance will cover the equipment while in our possession.  
\_\_\_\_\_ The school will cover cost of repairs or replacement due to damage while in our possession  
\_\_\_\_\_ I, the requester, will cover cost of repairs or replacement due to damage while in our possession.

Signatures indicate acceptance of these policies.

\_\_\_\_\_  
requestor's signature date

\_\_\_\_\_  
principal's signature date

fax to Fred Hoffman (540-853-1056)