

STAFF ONLY
Check-out date: _____
Return date: _____
Drop-off date: _____
Received by: _____
Com • A/NP • Student • Fac • Staff

EQUIPMENT ACCESS PROGRAM: RENTAL REQUEST FORM

The Northwest Film Center's Equipment Access Program supports the use of media in our community as a means of self-expression and cultural advancement by providing film/video equipment to Artist, Non-Profit and Student users at subsidized rates. All rental requests must be submitted at least 48 hours prior to check out date. We will confirm the reservation; submission doesn't guarantee reservation. We reserve the right to cancel any equipment rental up to 24 hours in advance should heavy student use prevent availability. Submit this form to the Equipment Room in person during regular business hours or at reserve@nwfilm.org.

Renter Name: _____	Phone: _____
Address: _____	Email: _____

STATUS

- NEW RENTER**
- RETURNING RENTER**
- COMMERCIAL / BUSINESS** - Name of Company: _____
- NON-PROFIT / EDUCATION INSTITUTION** - Name of Organization: _____
- ARTIST / INDEPENDENT FILMMAKER / STUDENT** (non-NWFC)
- NWFC STUDENT** (Currently enrolled - *if not currently enrolled, check previous box*)
- NWFC FACULTY** Current Previous
- NWFC STAFF / INTERN** Full-Time Part-Time

PRODUCTION *(Please be as detailed as possible)*

Name of Production: _____

Production Company (if applicable): _____

Director: _____

Producer: _____

Cinematographer: _____

Sound Recordist: _____

Your Crew Position: _____

Genre: **Feature • PSA • Industrial • Other**

Estimated Completion Date: _____

15 Word Summary of Production: _____

Are you personally being paid to work on the Production?: **YES • NO**

Is anyone else being paid to work on the Production? **YES • NO**

Is this a sponsored Production? **YES • NO** Name of Client: _____

Renter Name: _____

FEES

All reservations must be cancelled with a minimum of 24 hours advance notice. Cancellations with less than 24-hour notice are subject to a cancellation fee equal to one day rate. Cancellations can only be made in person or by speaking directly with an Equipment Room staff person by phone.

\$ _____ per day for _____ day(s) for a total rental charge of \$ _____

paid date ___ / ___ initials _____

DEPOSIT

Please indicate type of deposit for this rental:

CASH • CREDIT CARD • CASHIER'S CHECK

Deposit: \$ _____

Insurance Company: _____ Policy #: _____

Valid Dates: _____

A deposit for the full amount of the equipment up to \$1,000.00 is required for every rental. The deposit must be made with a Visa, MasterCard, Discover or American Express credit card with a sufficient limit to accept the full amount of the deposit. The deposit is made in the form of an Authorization Hold which holds funds in the amount of the deposit for 7-10 days. Cash or Cashier's Check is also an acceptable form of deposit.

DECLARATION OF RESPONSIBILITY

I, _____, hereby assume full responsibility for the above listed equipment rented from the Northwest Film Center and have inspected the contents of rental equipment and acknowledge that all parts and pieces are present and in working order unless otherwise noted.

I agree to assume full financial responsibility, including but not limited to any specified deposit, for all rental equipment. Financial responsibility includes payment for all repairs, up to the full replacement value of equipment, and the full replacement value for all stolen or lost equipment. Financial responsibility also includes the rental fee for the time period in which damaged equipment is out for repair, or until replacement payment is received.

I agree to place the following in this film's credits:

"Produced in part with support from the Northwest Film Center Equipment Access Program."

Signature: _____ Date: _____

**STAFF
ONLY**

Checked out by: _____ Time: _____

ON TIME

Checked in by: _____ Time: _____ Date: _____

LATE

SD CAMERAS

- Initial* (factory setting) resets
- Record* function with work tape
 - verify clean heads
- Mic inputs*: clean signal recorded
- Firewire, RCA* ports
- Batteries* are fully charged
- Headphone jack* clean
- Clean: *lens, LCD screen*
- Manual* is available
- Verify all contents are present**

HD CAMERAS

- Initial* (factory setting) resets
- Reformat *Internal Memory*
- Record* function
- Mic inputs*: clean signal recorded
- Headphone jack* clean
- USB, RCA* ports
- Batteries* are fully charged
- Clean: *lens, LCD screen*
- Verify all contents are present**

SUPER 8 CAMERAS

- Load *batteries*, check *motor*
- Internal *Light Meter*
- Diopter* adjustment
- Focus*-all focal lengths
- Clean: *lens, film chamber*
- Manual* is available
- Verify all contents are present**

16MM CAMERAS

- Run 100' dummy load
- Verify power level of batteries
- Diopter adjustment
- Focus-all focal lengths
- Clean: *lens, film chamber*
- Manual* is available
- Verify all contents are present

TRIPODS

- Functionality: *locks, head, legs*
- Correct *tripod screw* for camera

LIGHT METERS

- Meter* is working properly
- High slide* is present w/ incident meter
- Manual* is available

LIGHTS/LIGHT KITS

- Light stands: *legs, locks*
- Lights work with stands
- Bulbs*
- Replacement bulbs*
- Verify all contents are present

AUDIO - RECORDERS AND MICS

- Record & Playback functions
- Mic inputs
- Headphone Jack
- Reformat CF Cards
- Manual* is available
- Verify all contents are present**

FLAG KITS

- Flags* intact; tears noted
- Manual* is available
- Verify all contents are present**

NOTES: _____

PREPPED BY: _____