



Agreement to Use Equipment

I, _____ am using the following equipment (the "Equipment") from the South Metro Denver REALTOR® Association (SMDRA), a Colorado non-profit company:

The rental period for my usage of SMDRA Video Studio Equipment is from:

Date: _____ Time: _____

Please check the following equipment pieces you will be using during your time in the SMDRA Video Studio:

	SMDRA Canon DSLR Camera – Canon 80D, Canon 18-135mm lens, Charged battery and SD Memory Card – Value: \$1420
	SMDRA Rode Shotgun Microphone – Value: \$100
	Manfrotto Professional Video Tripod MV1502AM with Video Head – \$450
	Joby GorillaPod Tripod with Ball Head and SmartPhone Attachment – Value: \$45
	FillLight Video Light Station – Value: \$75

I understand that it is my responsibility to pick up the Equipment, and to return it to the same location at the end of my rental period unless otherwise agreed by both parties. I agree to return the Equipment to SMDRA in the same condition that it was in on the day I rented it, normal wear and tear excepted.

I understand that there is no charge for the rental of certain pieces of equipment in the Studio (Tripods and FillLight Video Light Station), and the cost to rent other equipment is outlined in the SMDRA Video Studio Usage Document and Checklists. However, in the event, that any Equipment, is lost or destroyed during your usage period, I agree to replace the Equipment at my own expense. Also, if the Equipment is damaged during my Studio usage period, I agree to have the Equipment fixed or replaced. If I do not repair or replace the Equipment within 30 days after my rental period, I authorize SMDRA to charge my credit card, as described below. My credit card is not authorized for any other purpose.

Type of Credit Card – Check One

- ☐ Visa ☐ MasterCard
☐ Discover ☐ American Express

Name on Credit Card: _____

Credit Card No: _____

Expiration Date: _____ CVC Security Code: _____

CC Billing Address: _____

Signature of Cardholder: _____

SMDRA Staff Name/Date – Equipment Check-Out: _____

SMDRA Staff Name/Date – Equipment Check-In: _____