



Video Camera Kit Liability and Checkout Agreement

Child Development Training Consortium (CDTC)/Yosemite Community College District
First 5 California CARES Plus CLASS™ Observation Participant and MTP
Kodak Play Sport Video Camera Model Zx5 or Delkin Wingman HD Video Camera

Full Name: _____
Last First Middle

Email Address: _____

County: _____

Telephone No: Home: () _____ Mobile: () _____

Mailing Address: Street: _____
City: _____ State: _____ Zip: _____ -

Name of Child Care Site: _____

Work Mailing Address: Street: _____
City _____ State: _____ Zip: _____ -

Work Telephone No: () _____

I applied for: Component A ____, Component B ____, Component C ____, or Component D ____

Liability Statement:

I acknowledge that as a CARES Plus Participant, I may receive a Kodak Play Sport video camera (Model Zx5) or Delkin Wingman HD video camera, USB/charger cord, SD cards, tripod and carrying case (hereinafter "camera kit") for my use to complete all requirements in this professional development training program. This camera kit has been purchased by First 5 California with public funds and shall remain State property at all times during my participation as a CARES Plus CLASS™ Observation and/or MTP™. By accepting receipt of this camera kit, I agree that the video camera and each of its accessories are to be used only for the specific intents and purposes of this program.

I agree to return the camera kit to CDTC as directed at the time I receive the camera kit. I understand that under all circumstances I will return the camera kit postmarked no later than **May 31, 2014**. I acknowledge that when State property is lost, stolen, or destroyed, it must be reported immediately to the CDTC Contract Manager who will, in turn, immediately inform First 5 California. I understand that any such incident must be reported to the California Highway Patrol, and further that if the incident involves a crime, that I must immediately notify the California Highway Patrol and/or local police and provide a copy of the report to the CDTC Contract Manager. **I agree that I will be held financially responsible and/or otherwise liable for LOST, STOLEN, or DAMAGED equipment.** Further, I may be subject to any and all administrative, civil, or criminal penalties for any use or misuse of the publicly-owned camera kit for other than the program's purposes, as provided by law or regulation.

This agreement will remain in effect until the end of the program year.

My signature below indicates my agreement with the above liability statement.

_____ Date: _____ / _____ / _____
Signature MM DD YYYY

CDTC Official Use Only:			
Camera Kit Issue Date: _____	Tag ID #: _____	Serial Number: _____	
Camera Kit Return Date: _____	Camera Returned: Yes ___ No ___	Manuals/Cords Returned: Yes ___ No ___	
Bag Returned: Yes ___ No ___	Tripod Returned: Yes ___ No ___	SD cards Returned: Yes ___ No ___	Condition: _____
Camera Kit Issue Date: _____	Tag ID #: _____	Serial Number: _____	
Camera Kit Return Date: _____	Camera Returned: Yes ___ No ___	Manuals/Cords Returned: Yes ___ No ___	
Bag Returned: Yes ___ No ___	Tripod Returned: Yes ___ No ___	SD cards Returned: Yes ___ No ___	Condition: _____