Required for Component D MyTeachingPartner™ (MTP™) Applicants **Form P. 4**

First 5 California CARES Plus Program
Kodak Play Sport Video Camera Model Zx5
or Delkin Wingman HD

Video Camera Kit Liability and Checkout Agreement

Full Name: _____ _____ _____
Last First Middle

E-mail Address: _____

County Name: _____

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: ( ) _____

Liability Statement

I acknowledge that as a **CARES Plus** MTP Participant, I may receive a Kodak Play Sport video camera (Model Zx5) or Delkin Wingman HD 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 MTP participant. By accepting receipt of this camera kit, I agree the video camera and each of its accessories are to be used only for the program's specific intents and purposes of this program.

I agree to return the camera kit as instructed, either to the Child Development Training Consortium (CDTC) or my local CARES Plus Administrator. I understand under all circumstances, I will return the camera kit postmarked no later than **May 31, 2016.** I acknowledge when State property is lost, stolen, or destroyed, it must be reported immediately to the local CARES Plus Administrator who in turn, will immediately inform CDTC. I also understand any such incident must be reported to the **California Highway Patrol**, and further that if the incident involves a crime, I must immediately notify the California Highway Patrol and/or local police and provide a copy of the police report to CDTC or my local CARES Plus Administrator. **I agree 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 throughout the program year, ending June 30, 2016 and when I have returned the complete camera kit as instructed.

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

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

MTP Applicants only

Sign, date, and return this form with your application to your local CARES Plus Program.

3/19/15