



MEDIA SERVICES

1101 Camden Avenue

Salisbury, MD 21801

410-677-0298

Media Services Application and Contract for Use of Facilities and Equipment

Please CLEARLY print in black or blue ink in ALL fields. Fields without information should be indicated N/A.

Student ID #: _____ Name (First, Middle Initial, Last) _____

LOCAL/CAMPUS Address: _____ Apt. # _____

LOCAL City/St/Zip: _____ LOCAL land line: _____

Cell phone number: _____ HOME Phone: _____

BEST Email: _____

Check all that apply for best method of reaching you:

Local Home # _____ Cell phone# _____ Email _____

Major: Art _____ BUAD _____ CMAT _____ EDUC _____ MGMT _____ Music _____ Other: Specify: _____

Anticipated Date of graduation: May _____ December _____ Year: _____

By signing below, I am indicating that I have read the following user agreement between myself and Media Services.

I agree to return the equipment loaned to me by its return due date and time (within 24 hours or the equivalent time on Sunday) in the same condition it was when picked up. I agree that I am financially responsible for any damage that occurs to the equipment beyond normal operation. Additionally, I agree that I will pay \$20 late fee starting from the time the camera is late, and \$20 for each additional 24-hours.

I also agree that using the video and audio edit suites is reserved first for academic use. No software will be downloaded on to any machine without prior Media Services' approval. At no time will I modify or connect any device without prior approval.

I agree that failure to abide by these rules or any posted notices and not acting with reasonable professional conduct may serve as cause to suspend or revoke use of Media Services equipment and facilities.

Signed: _____ Printed Name: _____ This Date: _____