

Twin Valley High School Camera Checkout Agreement

Instructor: Mike Vanemon (*mvanemon@tvsd.info*)

Student Name: _____ Grade: _____ ID#: _____

Date: _____

Device: _____

STUDENT AGREEMENT

I, _____ understand and accept and assume the responsibility to take care
(Please Sign Your Full Name)

of and maintain the device listed above.

PARENT/GUARDEN AGREEMENT

I, _____ being the parent or guardian of the above named student understand and
(Please Sign Your Full Name)

accept and assume the responsibility to take care of and maintain the device and charger listed above and replace the item should it become damaged or lost.

Replacement ITEM:

Replacement VALUE:
