

P.O. Box 750 Trinidad, CA 95570 (707) 677-3214

HBRA EQUIPMENT RELEASE

I/We,______, acknowledge that I/we am/are responsible for any damage, loss, theft, etc. of the following HBRA- owned equipment while on loan to me/us, and I/we further agree to reimburse HBRA for the cost of repair and/or replacement of this equipment if damage or loss occurs while in my/our possession. Use of this equipment is restricted to HBRA members only, unless otherwise specified below and agreed to by HBRA. (Note any existing damage to equipment on reverse prior to release.)

ITEM DESCRIPTION	DATE TAKEN	DATE TO BE RETURNED
1.	/	1
2.	1	1
3.	1	1
4.	1	1

I/We plan to use the equipment at the following event (please give name/location)

Persons using the equipment (list all, including transport)

DEPOSIT:\$(Held for reimbursement	until items are retu	urned in satisfactory co
USE FEE:\$Per Day X No. of Day	rs= Total	\$
Signature:	Date:	
Address:	State	Zip
Phone:		
HBRA Representative Name:		
HBRA Representative Signature:		