RENTAL EQUIPMENT REQUEST FORM
DePaul University’s School of Cinematic Arts

This form must be completed and given to a Designated Faculty member for approval in order to have the University approve and sign an equipment rental contract. This form must also be completed prior to applying for property insurance for rented, leased, or borrowed property from the Office of Risk Management.

Students may not sign equipment rental contracts. Equipment rental contracts must be signed by a DePaul employee.

Please note that a separate Rental Equipment Request (and separate Certificate of Insurance) is needed for each equipment vendor.

PROJECT TITLE

___________________________________________________

Course/Activity Number

___________________________________________________

Designated Faculty Member

___________________________________________________

Email ___________________________ Phone Number ___________________________

FACULTY SIGNATURE

___________________________________________________

(required prior to signing contracts or obtaining insurance)

Responsible Student

___________________________________________________

Email ___________________________ Phone Number ___________________________

Equipment Vendor Name

___________________________________________________

Address

___________________________________________________

Contact

___________________________________________________

Email ___________________________ Phone Number ___________________________

Rental Start Date ____________ End Date _________

Insurance required? (Y/N) ______________________________

If yes, describe required insurance __________________________________________

____________________________________________________________________________

Insurance Valuation (in contract) __________________________
Please attach rental contract or otherwise describe equipment being rented.

Please describe any particular risks related to the use of the equipment; and how you plan to mitigate those risks.

STUDENT STATEMENT OF RESPONSIBILITY

I have read, understand, and agree to abide by all of the Guidelines related to the equipment for the student film project listed above. I understand that under some circumstances, I may be responsible for losses or damage related to my use of the equipment.

Signed ______________________________________

Date ______________________________________