****El Paso Independent School District Fine Arts Department**

**Instrument Rental Form**

*Please ensure that this form includes*

*student and parent signature and contact information.*

Campus: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Student: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ID: **\_\_\_\_\_\_\_\_\_\_**

Teacher’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Instrument: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Make/ Model Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** F.A. Barcode: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Factory Serial Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Rental Term: **20\_\_\_ -20\_\_\_ SY**

*Fees Due:* ***$45.00 – Covers Fall & Spring Semester Instrumental Rental***

The signing of this Loan Responsibility agreement obligates the student, parent, or guardian to be responsible for the instrument at all times and under all conditions. Payment is expected for any loss or damage that may occur due to carelessness or negligence. The El Paso Independent School District does not carry insurance on musical instruments. Therefore, the person signing must accept responsibility even if loss or damage occurs on school property.

I acknowledge receipt of this instrument and accessories . I agree to be responsible for any damage or loss that may occur while in my care. I also agree to return the instrument when requested to do so by the director.

*La firma de esta Tarjeta de Préstamo (de instrumento musical) obliga al estudiante, su padre o guardián a responsabilizarse por el instrumento si se pierde o sufre algún daño debido a descuido o negligencia. El Distrito Escolar Independiente de El Paso no tiene asegurados los instrumentos musicales. Por esta razón, la persona que firme esta tarjeta debe aceptar la responsabilidad aunque la pérdida o daño suceda en la escuela.*

*Reconozco y acepto haber recibido este instrumento y accesorios. Estoy de acuerdo en ser responsable por cualquier daño o pérdida que pueda ocurrir durante el tiempo que este bajo mi cuidado. También estoy de acuerdo en que devolveré el instrumento cuando me lo pida el/la director(a).*

**Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_**

**Parent/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_. Zip: \_\_\_\_\_\_\_\_**

**Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**