

# Marion County School Board School-Owned Instrument Usage Contract

**SCHOOL:** North Marion High School

**YEAR:** 2017 - 2018

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: FL

ZIP: \_\_\_\_\_

**INSTRUMENT INFORMATION:**

INSTRUMENT: \_\_\_\_\_

CONDITION: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

BPI NUMBER: \_\_\_\_\_

APPROXIMATE REPLACEMENT VALUE OF INSTRUMENT: \$ \_\_\_\_\_

ACCESSORIES (circle):      Case      Mouthpiece: \_\_\_\_\_      Bocal  
   Cap      Cleaning Road      Oil      Swab  
   Lyre      Harness      Strap      Mallets  
   Other: \_\_\_\_\_

LIST ANY DAMAGES PRESENT AT CHECK-OUT: \_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS:**

I accept full responsibility for the instrument that has been loaned to me.  
I agree to pay \$\_\_\_\_\_ for the use of this instrument for the contract period.  
I agree to return it by \_\_\_\_\_, or the end of the school year, whichever comes first, and to present it promptly for inspection when asked.  
I agree to exercise proper care in the use of the instrument *and to pay for any damage incurred by my misuse, negligence, or carelessness.*  
I agree to allow no other person to play on this instrument unless specified by the Director.  
**I agree to replace the instrument if it is lost, stolen or destroyed.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Parent Name (please print): \_\_\_\_\_

