Headset Checkout Form		
Organization Name ("Lessee):	Event Date(s):	
Contact Person:	Event Type:	
Phone Number:	Requested Pickup Date:	
Email Address:	Requested Return Date:	
Quantity of Receivers Needed (up to 40):	Questions?	
Specify:	Email alcancesalud@sjcph.com	
Quantity of Transmitters Needed (up to 3):		
Specify:		
Agreement & Acknowledgment		
By signing this form, the organization/lessee agrees to t	he following terms and conditions:	
Condition and Use of Equipment: The Lessee agrees to use the equipment in a careful manner The Lessee is responsible for any damage, loss, or theft that		
Inspection and Return The lessee should clean the equipment with sanitizing wipes Juan County Public Health about any damage or maintenanc San Juan County Public Health. Any damage beyond normal	e needs. Additionally, the equipment will be inspected by	
Indemnification The Lessee agrees to indemnify and hold harmless the Lesso use of the rented equipment.	r from any claims, damages, or liabilities arising out of the	
Termination The Lessor reserves the right to terminate this Agreement at termination, the Lessee must immediately return the equipm		

Right to Repeal Rental Services

San Juan County Public Health reserves the right to repeal or discontinue rental services to the Lessee in the future, at its sole discretion. This may occur for reasons including, but not limited to, breach of agreement, misuse of equipment, or any actions deemed detrimental by the Lessor.

Signature of Authorized Representative:		
Date:		

For Office Use Only

Checked Out By:
Date Issued:
Date Returned:
Condition of Equipment Upon Return:
☐ Excellent
□ Good
☐ Damaged (describe):

Inventory

EX MAX 100 Receiver and Transmitter

Three (3) "pin-on" microphones Three (3) "head-set" microphones Three (3) Transmitters (ATG – 100T) Forty (40) Receivers (ATG – 100R) Thirty (30) Left Earphones Thirty (30) Right Earphones Charging/storage case Power cord Instruction manual

Lanyards