

**AUSTIN INDEPENDENT SCHOOL DISTRICT**  
**Department of Fine Arts**  
**Use of School Equipment Agreement**

Instrument: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Brand: \_\_\_\_\_ Value: \_\_\_\_\_ AISD Barcode Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class Period: \_\_\_\_\_

Accessories Included: \_\_\_\_\_

\_\_\_\_\_

Condition: \_\_\_\_\_

\_\_\_\_\_

I acknowledge receipt of the above instrument and accessories that are property of the Austin Independent School District. I agree to be financially responsible for any damage or loss that might occur while in my care. I also agree to return the instrument immediately when requested to do so by the music teacher, fully equipped as when I received it, and in condition approved by him/her. I will also follow all other guidelines printed below.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**The Austin Independent School District is pleased to assist students in the development of their musical skills by providing an instrument for school use and home practice. Students will need to accept the importance we place upon proper care and responsibility for school property.**

1. Provide a safe place for the instrument in your home.
2. Allow only the student who signed for the instrument to handle and play it.
3. Store only the instrument/mouthpiece/bow/cloth in case. Do not keep any music or other items that are not intended for storage within the case. Always keep a luggage tag attached to the handle (never place tags, stickers, tape on case). Never sit on the case; take care of its condition.
4. **Insure the instrument.** For your protection, purchase insurance either through the AISD recommended company or through a rider attached to your homeowners insurance policy.
5. By signing the Instrument Contract, you agree to be responsible for all repairs and/or replacement of the instrument if it is in disrepair, damaged, lost or destroyed.
6. In return for the use of this instrument, we require a commitment of **daily practice**.

Date of return: \_\_\_\_\_ Condition: \_\_\_\_\_

\_\_\_\_\_ Director Signature: \_\_\_\_\_