

**RENTAL & MAINTENANCE AGREEMENT FOR THE USE OF INSTRUMENTS  
OWNED BY WASHOE COUNTY SCHOOL DISTRICT  
MIDDLE SCHOOL & HIGH SCHOOL INSTRUMENTS**

I, the undersigned parent or guardian, of \_\_\_\_\_ at \_\_\_\_\_  
Student first and last name School name

\_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ agree to the following conditions for the rental of the instrument below:  
Date

Instrument	Size (strings only)	Manufacturer	Model	Serial Number	Inventory Number (WCSD tag/barcode)
------------	---------------------	--------------	-------	---------------	-------------------------------------

**Accessories - Band**

Case  Cleaning Rod  Crooks  Grease  Ligature  Lyre  Mouthpiece  Mouthpiece Cap   
 Mute  Neck Strap  Piston  Reed  Swab  Wiper  Other  \_\_\_\_\_

**Accessories - Orchestra**

Bow  Case  Cleaning Cloth  Rosin  Shoulder Rest  Other  \_\_\_\_\_

- To be personally responsible for any damage or replacement costs that may occur to this instrument while it is checked out to my child;
- To provide supplies necessary to operate this instrument;
- To have needed repairs checked by the Instrumental Teacher who will contact a repairman specified by Washoe County School District;
- That only said child will use this instrument and that it will be used in preparation for and playing in Washoe County Schools and community organizations;
- To return said outfit on demand, Probable reasons being: A) Unsatisfactory effort and progress by pupil, B) Lack of reasonable care of outfit;
- To return said outfit to the Instrumental Teacher of the above school at the end of the current year in as good condition as received; or no later than the following date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_
- To submit the sum of **\$50.00 per school year** as the Maintenance Fee (non- refundable) for use of this instrument owned by the School.

**CASH, MONEY ORDER OR CERTIFIED CHECK ONLY**

Teacher's comments on condition:	Student's comments on condition:

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_  
 Parent Name Printed: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Payment Received**    Cash     Money Order     Certified Check     **CASH, MONEY ORDER OR CERTIFIED CHECK ONLY**

\_\_\_\_\_ Date returned in good condition

\_\_\_\_\_ Instrumental Teacher's Signature

White Copy: Music Director    Yellow Copy: School Office    Pink Copy: Parent

1. Return the White and Yellow copy to the Music Director
2. Keep the Pink copy for your records

Rev: 8-12