Box/Kit Rental Inventory

CAPS
A Cast & Crew Company

Production Company:			
Employee:		SSN:	
Loan-Out Company:		Federal ID#:	
Rental Rate:	☐ Per Week	☐ Per Day	
Rental Commences On:			
Week Ending Date (Features/TV):			

Mandatory: Provide itemized list of box/kit rental inventory (attach additional pages if necessary).

* Note: CAPS only pays box/kit rentals for dates in which we are paying wages (i.e. travel or work days).

Item Description:

Employee/Loan-out agrees that the equipment listed herein is rented to Production Company for use under Employee/Loan-out's direction and control. Employee/Loan-out is solely responsible for any damage to or loss of such equipment and hereby waive any claims against CAPS for any loss or damage of any kind and agrees to look solely to Production Company to resolve any such claims. CAPS shall have no obligation to indemnify Employee/Loan-out against any losses or damage, or to provide any insurance coverage for the benefit of Employee/Loan-out covering the equipment herein described.

I attest that the above-described equipment represents a valid rental for this production.

I attest that this box/kit rental is a complete separate arrangement from my employment

Employee Signature Date

Approval Signature Date

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