School Year: 2024-25 Grade: 6th Instrument: Violin/Viola Class Period: _____

Student First & Last Name

RENTAL & MAINTENANCE AGREEMENT FOR THE USE OF INSTRUMENTS Owned by Kendyl Depoali Middle School of the Washoe County School District

I, the undersigned parent/guardian, ofstudent first and last name									at	Kendyl	Depoal Schoo	i Middle I name	School	
on 8/12/2024 agree to the following conditions for the rental of the instrument below:														
Instrument		Size	Replaceme	ent Cost	Make & Model				Serial Number			Inventory Number (WCSD tag/barcode)		
Violin/Viola		ТВА	\$250-\$325		ТВА				ТВА			ТВА		
Accessories Included:	Bow	Case	Case Blanket	Case Strap	Cleaning Cloth	Endpin Anchor	Rosin	Shoulder Rest	Tuner	String E	String A	String D	String G	String C
Replacement Cost:	\$46-\$64	\$90	n/a	\$10	\$0	n/a	\$2	\$14	\$25	\$3	\$6	\$6	\$6	\$10

- 1. To be personally responsible for any damage or replacement costs that may occur to this instrument [and accessories] while it is checked out to my student;
- 2. To provided supplies necessary to operate this instrument;
- 3. To have needed repairs checked by the Instrumental Teacher who will contact a repairman specified by Washoe County School District.
- 4. 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;
- 5. To return said equipment on demand, Probable reasons being: A) When student withdraws from class or school, B) Lack of reasonable care of equipment;
- **6.** To return said equipment 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: **05/23/2025**
- 7. To submit the sum of \$50.00 per school year as the Maintenance Fee (non- refundable) for use of this instrument owned by Depoali Middle School [included in Beginning Orchestra \$75 class fee]. CASH, MONEY ORDER, OR CERTIFIED CHECK ONLY

Parent Name Printed:		Parent Signa	ature:	Date:		
Student Name Printed:		Student Signature):	Stu	udent ID:	
Address:		City:		State:	Zip:	
Parent Email:			Student Email:			
Parent Cell Phone:		Parent Work Phone:		Student Cell Phone:		
Payment Received	Cash Mone	y Order Certified Che	eck CASH	I, MONEY ORDER, OR	CERTIFIED CHECK ONLY	