

YOUR FULL SERVICE AUDIO-VISUAL RENTAL COMPANY www.oavs.com

ACCEPTANCE OF RESPONSIBILITY

I, (print full name)	representing (company or organization	
name)	_ accept full responsibility for all equipment rented from	
Oakland Audio-Visual Service from the time that said equipment is delivered until the time that said		
equipment is picked up by an Oakland Audio-Visual Service representative. I understand that any event that		
runs after Oakland Audio Visual Service's hours can b	e picked up for an additional labor fee. I further decline	
to pay those charges. I request a pickup the next business day and agree to pay full replacement costs for all		
items lost, stolen or damaged before an Oakland Audio-Visual Service representative can pickup these items		
the next business day.		

DATE OF EVENT:	LOCATION OF EVENT:	
NAME OF CONTACT EQUIPMENT TO BE LEFT	WITH:	CONTACT PHONE #:
SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION REPRESENTATIVE:		
DATE:		

VIDEO AND COMPUTER DISPLAY, PROJECTION, SOUND SYSTEMS AND LIGHTING PROUD TO BE SERVICING THE BAY AREA SINCE 1976