

SAAH SOUND DESIGN STUDIO AGREEMENT

The School of Art and Art History Sound Design Studios are available to instructors and currently enrolled students within the SAAH. The Sound Design Studio agreement should be completed at least 24-hours in advance of your desired reservation date. Once the form is approved, you will gain access to the shared calendar and can begin to make reservations. The agreement is valid for the entire semester, so you only need to complete the form one time.

POLICIES

1. A valid Iowa One University ID is required to pick up and return the key.
2. It is your responsibility to check that the equipment is complete and in working order when you arrive to the studio with the monitor.
3. You are responsible for the well-being of the equipment while using the studio, you will be charged for the cost of equipment repair or replacement if it is damaged or lost because of abuse or neglect.
4. Keys must be returned on time. Habitual late returns will result in loss of studio privileges. It is your responsibility to be aware of your schedule. If you are unsure, you can ask the monitor at time of checkout. Key replacement / re-keying charges are assessed at the discretion of the SAAH. Charges will be applied directly to your UBill.
5. It is your responsibility to charge equipment and delete your work prior to leaving the studio. Please charge devices and erase your files from the internal memory before you leave, as a simple courtesy to the next borrower.
6. You must report equipment problems, loss, or damage as soon as possible to the monitor.
7. No food or beverages are permitted in the studios.
8. Borrowers are only permitted 2 reservations in the system. Reservations beyond this limit will be deleted. Repeated violations of this policy may result in loss of studio access.

I understand that violation of any of these conditions will result in access being revoked. I hereby accept full responsibility for the policies listed above. I fully understand that in the event that a key(s) is lost while checked out in my name, I will be liable for the replacement / re-key charges. In the event I damage equipment, I am responsible for equipment repair or replacement costs. These charges will be applied to my University Bill.

My signature below means that I have read and that I agree to the terms of this agreement.

SAAH Course Affiliation: _____

Instructor: _____

Last Name

First Name

University ID #

Email

Phone Number

Signature

Date

If you have questions regarding this form, please contact Studio Specialist: kimberly-maher@uiowa.edu