



HEALTH
EDUCATION
COUNCIL

Nutrition Decathlon **Equipment** Request Form

To ensure equipment availability, **please submit at least 1 month prior to event**



Name of Organization _____

Date _____

Your Name _____

Address _____

_____ CA _____

Phone # _____ Fax # _____

E-mail address _____

- Do you have a copy of the 2nd Edition- Nutrition Decathlon Toolkit? Yes No
- Pre-test has been conducted? Yes No
- Post-test has been conducted? Yes No

If not, when do you plan to conduct the pre and/or post tests? _____
Please mail pre- and post-tests to the address below.

- Event (toolkit will be utilized at): _____
- Date of Event: _____
- Time of Event: _____
- Location of Event: _____
- Projected # of people who will participate: _____
- Age Group/Grades: _____ How many 5-8 year olds? _____ 9-11 year olds? _____

Nutrition Decathlon Activities Requested:

_____ All 10 stations

_____ **TENT**

_____ Apple Toss

_____ Berry Relay

_____ Carrot Hop

_____ Citrus Hike

_____ Food Guide Pyramid Challenge

_____ Food for Thought

_____ Hoop Challenge

_____ Melon Weight-Lifting

_____ Pepper Toss

_____ Squash Challenge

Please mail or fax
BOTH (2) PAGES of this form to:

Health Education Council
California Children's Power Play! Campaign,
 3950 Industrial Blvd., Ste. 600
 West Sacramento, CA 95691
 Phone- 916.556.3344
 Fax- 916.446.0427
<http://www.healthedcouncil.org>

Nutrition Decathlon Equipment Loan Agreement

The agency/organization borrowing the Nutrition Decathlon Equipment understands that it is the property of the Health Education Council. This includes all additional attachments. _____ **Initial**

The agency agrees to return the equipment on the agreed upon date in good condition. The equipment must be returned in the same condition that it is checked out. It is the responsibility of the agency/organization for the well being of the Nutrition Decathlon equipment from the time of pick up until it is returned to the Health Education Council or Admail West Fulfillment Services. Any damages incurred during this period will be the full responsibility of the borrowing agency/organization. _____ **Initial**

Equipment should be placed in the appropriate containers. There will be a \$20 fee for equipment that is misplaced or re-stocked in the wrong containers. *This fee covers the charges that the Health Education Council incurs from fulfillment services to re-stock the equipment in the correct containers.* _____ **Initial**

Liability Waiver: The agency/organization borrowing the Nutrition Decathlon equipment will not hold the Health Education Council or the California Children's--Power Play! Campaign or Admail West Fulfillment Services, its officers, agents, employees and affiliates liable for any loss, expense or claim for injury or damages arising out of the performance/use of the Nutrition Decathlon equipment. _____ **Initial**

In signing the loan agreement the agency/organization understands and agrees to the terms and conditions outlined above and accepts responsibility for the properties and will treat them with care. If the Nutrition Decathlon equipment is damaged or returned in poor condition the borrowing agency/organization may be charged as much as \$1,000 to replace or repair the equipment. _____ **Initial**

Name: _____ **Title:** _____

Organization: _____ **Phone Number:** _____

Date Requested: _____

Pick-up date: _____ **Time:** _____

Return date: _____ **Time:** _____

Signature: _____

TO BE SIGNED AT TIME OF PICK-UP:
 I certify that I comply with the afore-mentioned agreement.

PRINT NAME _____ Phone # _____

Title _____ Signature _____