



Tablet-Checkout-Form

To the Arizona Darts League and those whom it may concern,

This is my acknowledgement that I will take possession of one of the Arizona Darts League (ADL) tablets, for keeping electronic score on "DartConnect" for the Spring, 2024 season. The loan of this tablet will include a charger for the tablet.

I agree to bring the tablet to all my team's ADL matches to be used, if needed, to score all games in our ADL match for each week of the season.

I further agree to use the tablet only for DartConnect matches. You may use the tablet for personal on-line play, on your own time, through DartConnect, to play on-line matches with other players also using DartConnect. This is a fun way to play other players from near and far. The tablet will need internet access through an existing WiFi network or from the personal hotspot on your phone.

I agree to instruct players using electronic scoring to leave their darts in the dart board until their darts are scored properly. It is the players responsibility to make sure that the player and the chalker, agree on what was scored, before removing any darts from the board. Any player removing darts before they are scored wave their right to propose a correction or change of the chalkers scoring of the darts thrown in that turn. The chalker is assumed to have correctly scored if there are no darts in the board to verify any discrepancy in the marked score.

I will return the tablet and charger, at the end of the season, to the ADL Executive Board member in charge, in the same condition as received, or I will pay to have it replaced, at my cost. The current price is \$75 dollars for the league to purchase another tablet.

I promise to adhere to the above statements and to be responsible for the tablet for the season I have it signed out for, as stated above. I agree to pay \$75 dollars to the league should the tablet be lost, damaged or stolen.

Name of responsible player or Captain: _____
Print Name Signature Date

Team of said player: _____
Printed Team Name

Signature of ADL Representative: _____
Name Position Date