



Friends of Fairhaven Lending Closet Loan Agreement and Liability Release Form

Applicant Information:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

If different than above, the person physically picking up the equipment is:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Relationship to Applicant: _____

I hereby acknowledge receipt of the following item(s) of medical equipment loaned to me by Friends of Fairhaven Lending closet for the applicant's sole use and that this equipment will not be loaned to anyone else. I acknowledge that this equipment will be used as it is designed to be used and that I will exercise ordinary and reasonable care thereof.

Signature: _____

Date: _____

Item Requested (Please list item number and description listed online):



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By signing below I acknowledge that (please initial each line):

_____ I have examined the equipment and that I find it in good condition and fit for its intended use.

_____ I promise to return the equipment to the Friends of Fairhaven lending closet when I am done borrowing it.

_____ In consideration of future borrowers, I promise to clean and sanitize the equipment prior to returning it.

I understand that this loaned equipment remains the property of Friends of Fairhaven lending closet and is available to me at no cost. I hereby forever release and discharge Trumbull County Board of Developmental Disabilities/ Friends of Fairhaven Lending Closet and its employees or agents from all liability, claims, demands, and actions that I may have for any injury to my person or my property that results from my use of the loaned equipment and therefore they will not be held responsible for any defect in the equipment or any accident or injury that may occur during or subsequent to the use of the equipment. I hereby waive any and all claims I may have against the aforesaid related to the use of the equipment.

Signature: _____

Date: _____

Signature of Friends of Fairhaven Lending Closet Representative: _____