



MEDICAL EQUIPMENT LOAN - LIABILITY WAIVER AND RELEASE

Sign out date: _____ **Expected return date:** _____

Please read this *form* carefully and be aware that in consideration for the loan of medical equipment provided by the Tubac Community Center Foundation you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss that you might sustain as a result of using the medical equipment.

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 the Tubac Community Center Foundation 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.

Please check the type of equipment being loaned:

☐ Wheelchair ☐ Crutches ☐ Walker ☐ Cane ☐ Other
☐ Bathing seat ☐ Toilet seat ☐ Other ☐ Other ☐ Other _____

Condition of the equipment: _____

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 **agree** to return the equipment when I no longer have a need for it.

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

I understand that this loaned equipment remains the property of the Tubac Community Center Foundation and is available to me at no cost. I, the undersigned, hereby agree to release, relieve, hold harmless and indemnify the Tubac Community Center Foundation, including its respective officers, agents, employees and volunteers, from liability of any kind or nature that may arise by reason of any bodily injuries or illness, or loss of or damage to 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 _____

TCCF Representative _____ Date _____