



Loan Closet Application

CLIENT INFORMATION									
Last Name			First Name				Date		
Street Address									
City			State			ZIP			
Phone			E-mail Address						
DOB			HT:			WT:			
NAME OF PERSON SIGNING OUT EQUIPMENT (IF DIFFERENT)									
Last Name			First Name				Date		
Street Address									
City			State			ZIP			
Phone			E-mail Address						
ITEMS TO BE BORROWED									
Equipment Type	Property ID	Info Sheets		Demonstration		Return Demonstration		Video	
		Yes	Declined	Yes	Declined	Yes	Declined	Yes	Declined
1									
2									
3									
4									
LIABILITY RELEASE AGREEMENT- Client or Caregiver is a Howard County Resident <input type="checkbox"/> YES									
<p>This agreement is a release of the recipient's rights to sue for injuries or death resulting from the donated, loaned, modified or repaired equipment received from the Howard County Loan Closet (hereinafter HCLC).</p> <p>The RECIPIENT expressly assumes all risks related in any way to the use or appropriateness of this equipment.</p> <p>RECIPIENT understands HCLC is not qualified to advice on the appropriateness of any medical equipment and further recommends seeking advice of professionals before purchase or use of equipment.</p> <p>RECIPIENT acknowledges upon receipt of said equipment will immediately verify that the equipment is in good working condition and that he/she will examine it to inspect its condition and identify any defects before putting equipment in use.</p> <p>RECIPIENT also understands that the Rotary Club, Way Station Inc, Rebuilding together and its employees, owners, officers, or agents (hereinafter "Released Parties"), shall not be held liable or responsible in any way for injury, death, or other damages to the RECIPIENT or is/her family, heirs or assigns which may occur as a result of the donated, loaned, repaired or modified equipment, or as a result of product defect, wear and tear, or the negligence of any party, including Released Parties, whether passive or active.</p>									
DISCLAIMER AND SIGNATURE									
<p><i>I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSAND THE ABOVE AGREEMENT. I EXAMPT AND RELEASE THE HCLC, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR REONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH AS A RESULT FO ACCEPTING AND RECEIVING DONATED, DISTRIBUTED, OR REPAIRED EQUIPMENT, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO PRODUCT LIABILITY OR NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.</i></p>									
Signature					Date				
Loan Closet Representative					Date				

