

Date of Agreement: _____
Date Returned: _____
Initials of all Parties: _____

DURABLE MEDICAL EQUIPMENT LOAN CLOSET
LOAN AGREEMENT & 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 _____ Alt. Phone _____

Relationship to Applicant: _____

Item(s) borrowed: _____

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

- I hereby acknowledge taking possession of the following item(s) of medical equipment is loaned “as is” and “with all faults” by HCSS for the applicant’s sole use. I acknowledge that I assume all risks resulting from the loan and/or use of the equipment.
- I hereby acknowledge that I have not received instruction on the use of borrowed equipment from staff at HCSS or from a medical professional at the time the equipment was obtained.
- In consideration of future borrowers, I promise to clean and sanitize the equipment prior to returning it.

I understand that this loaned equipment is available to me at no cost. I hereby forever release and discharge HCSS 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 _____

HCSS Representative _____ Date _____