Lending Closet Receipt and Release Form

Date\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge receipt of the following item(s) of medical equipment loaned to me for my sole use by the Senior Resource Foundation:

|  |  |  |  |
| --- | --- | --- | --- |
| Wheelchair |  | Transfer Bench |  |
| Raised Toilet Seat |  | Walker |  |
| Bath Bench |  | Cane/Crutches |  |
| Commode |  | Other |  |

I understand that this loaned equipment remains the property of the Senior Resource Foundation Non for Profit. A $25.00 deposit is required for wheelchairs. A $5.00 deposit is required for all other equipment.

This loan has been made for use for the following person:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If different from the above, the person taking the equipment is the following:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will return the borrowed equipment on or before \_\_\_\_\_\_\_\_\_\_\_. If I need to borrow it for longer than three months, I will call (847) 644-5209 (or e-mail 411@seniorresourcefoundation.org) prior to the scheduled return date. **In consideration of future borrowers, I promise to clean and sanitize the equipment prior to returning it.**

**In consideration of my use of the loaned equipment at no cost to me, I hereby forever release and discharge the Senior Resource Foundation, its agents and employees from all liability, claims, demands, damages, and actions that I may have for any injury to my person or my property that results from my use of the loaned equipment.**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Resource Foundation Respresentative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_