



North Shore Lending Closet

Sponsored by Visiting Angels of Evanston

518 Davis Street Suite #208 Evanston, IL 60201
Phone: (847) 424-9300 Fax: (847) 424-9301



North Shore 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 North Shore Lending Closet:

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

I understand that this loaned equipment remains the property of the North Shore Lending Closet, sponsored by Visiting Angels of Evanston. 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) 424-9300 (or e-mail visitingangelssofevanston@gmail.com) 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 Visiting Angels of Evanston, 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 _____

Agency Representative _____