



User Last Name	_____
Date of Agreement	_____
Date Equipment Returned	_____
Deposit received	_____
\$	_____

Lending Closet Medical Equipment Loan Agreement & Release Form

PLEASE PRINT

Name of user: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Alt. Phone _____

If different than above, the person physically picking up equipment is the responsible party.

Name _____

Address _____ City _____

Zip Code _____ Phone _____ Alt. Phone _____

Relationship to Applicant _____

I hereby acknowledge receipt of the following item(s) of medical equipment loaned to me by Hampshire Township for the applicant's sole use & 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 & that I will take reasonable care of it and return when done or communicate need for extended return date.

Equipment is being loaned to you for three (3) months. If more time is needed, please call 847-683-9464. Approval dependent upon availability. Maximum check out time is one year.

I agree to return the equipment on or before: _____.

In consideration of others, I agree to clean and sanitize items before returning them. _____

I understand that this loaned equipment remains the property of Hampshire Township & is available to me at no cost. I hereby forever release Hampshire Township and its employees or agents from 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 & 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

Revised 9/3/19

Signature of staff or volunteer completing form

Date

Return Signature

Staff Initials

Date

Original Equipment Agreement remains with Hampshire Township.

Copy of Agreement is provided to User upon request.

Return Items To:
Hampshire Township
 170 Mill Ave., Hampshire, IL 60140
 (847) 683-9464

Item	Qty	Deposit
Shower Chair with back		
Shower Chair without back		
Tub transfer seat w/back		
Cane		
Cane - QUAD		
Crutches (2)		
Reacher		
Commode		
Toilet Risers with arms		
Toilet Riser without arms		
Walker with wheels		
Walker without wheels		
Walker (Rollator) with seat		
Wheelchair w/ footrests		
Wheelchair w/out footrests		
Wheelchair - transport w/ footrests		
Wheelchair - transport w/out footrests		
Extras:		