



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

---

**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:		