THE MEDICAL LOAN CLOSET

PARK RIDGE COMMUNITY CHURCH - 100 S. Courtland, Park Ridge, IL 60068

847 823 3164

RELEASE FORM

Date_____ **Date to be returned _____**

Wheelchair _____ **Commode_____** **Deluxe walker _____**

Raised toilet seat _____ **Cane/crutches/standard walker_____**

Bath bench _____ **Misc. _____**

Transfer bench _____ **_____**

Equipment is loaned for 3 months. If an extension is necessary, please call 847 823 3164. Please note it is essential that the borrower obtain professional medical advice explaining the proper use of durable medical equipment.

NAME OF BORROWER_____PRCC MEMBER YES_ NO_

ADDRESS_____ CITY_____

ZIP _____ PHONE #_____

RESPONSIBLE PERSON OTHER THAN ABOVE _____

PHONE # _____

I UNDERSTAND THAT THIS LOANED EQUIPMENT IS THE PROPERTY OF PRCC AND IS NOT MEANT TO BE A PERMANENT LOAN.

I AGREE TO RETURN THE EQUIPMENT BORROWED ON THE DATE SPECIFIED.

I WILL MAINTAIN THE ITEMS IN A CLEAN AND SANITARY CONDITION WHILE IN USE AND WHEN RETURNING THEM TO THE MEDICAL LOAN CLOSET.

I WILL MAKE NO ALTERATIONS TO THE EQUIPMENT, AND WILL REMOVE ALL TAPE, BINDINGS, USER NAME TAGS OR OTHER STICKERS BEFORE RETURNING TO THE MEDICAL LOAN CLOSET.

I AGREE THAT REASONABLE CHARGES WILL BE ASSESSED AND PAID BY ME (US) FOR NECESSARY CLEANING OR REPAIR TO OR LOSS OF EQUIPMENT.

I HEREBY FOREVER RELEASE AND DISCHARGE PRCC, ITS MEMBERSHIP, 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.

VOLUNTEER ON DUTY_____

RESPONSIBLE PARTY_____

How did you hear about our loan closet? Rehab__ Hospital__ Relative__Friend__