

# Medical Equipment Loan Agreement Form

DATE OF LOAN: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

## EQUIPMENT RECEIVED (PLEASE CHECK):

\_\_\_ Wheelchair    \_\_\_ Walker    \_\_\_ Tub Transfer Bench

\_\_\_ Other, specify: \_\_\_\_\_

## RECIPIENT/USER

Last/first name	
Address	
City, State, Zip	
Phone & email <input type="checkbox"/> Yes, I would like to receive Iona's eNews for upcoming events, articles on caregiving and aging, and more.	
Physician/phone number	

## CAREGIVER/REPRESENTATIVE

Last/first name	
Relationship to user	
Agency/title (if applicable)	
Address	
City, State, Zip	
Phone & email	

(OVER)

# Medical Equipment Loan Agreement Form

In exchange for a loan of medical equipment from Iona Senior Services, I agree as follows:

1. The suitability and fit of the equipment are to be determined by my health care provider.
2. Iona is loaning the equipment to me on an “as is” basis, and makes no representations about the condition or usability of the equipment.
3. I agree that I will accept all liability for, and will not hold Iona or any of its employees, agents, or representatives responsible for, any claims for damage, loss, injury, death, costs, or expenses arising out of or relating to the equipment while I am borrowing it, whether the claims are asserted by me or a third party, and whether the claims are asserted against me and/or Iona, or any of its employees, agents, or representatives.
4. I agree that I am responsible for the maintenance of the equipment and that I will return it promptly after I no longer need to use it in the same condition that I borrowed it, except for reasonable wear and tear.

Recipient/User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_