

UPPER VALLEY HEALTH CLOSET

2 Mascoma Street, Suite 3, Lebanon, NH 03766

603-477-8144 or info@healthcloset.org

Date Staff	First Contact (circle): Phone Call Email Voicemail Walk-In	(circle) CLIENT Drop Off CLIENT PickUp WE Pick Up WE Deliver	(circle) LOAN DONATION RETURN Note: Monetary Donations recorded on its own Intake Form.
Client Name		Client Phone	
Physical Address, Town, State, Zip			
Mailing Address (if different), Town, State, Zip		Client E-mail	
Alternate Contact Name		Alternate Contact Phone Email	
Equipment and Size			
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	
Contact Notes/Additional Delivery Instructions			
Equipment Stored at COAT RACK for Client Pick Up (circle) Equip In Stock & Tagged RESERVED for We Deliver		Equipment Stored/ Tagged by (Staff Name)	Date
Pick Up / Delivery (circle) Staff Name Date/Time		Notes	Mileage
LOAN- SEE LIABILITY WAIVER ON BACK FOR SIGNATURE We Deliver: Original Form to Driver for Signature Client Pick Up: File Form in "Loaned Out" File in Cabinet DONATION- Thank you for your donation! The Upper Valley Health Closet Lions Club Foundation is a 501(c)(3) tax-exempt non-profit organization and contributions are tax deductible under IRS Section 170. Our Tax ID# is 41-5364993.			
Staff Signature, NH Upper Valley Health Closet Lions Club WE Pick Up: Original (for client) + Copy stapled together to Driver Box CLIENT Drop Off: Original to Client + Copy to Donated File		Date	
RETURN- File Form in Returned File + Copy Client (if requested)			

How did you hear about us?	Word of Mouth_____	Listserv_____	Facebook_____
Community Nurse_____	Medical Provider_____	Web Search_____	Flyer_____
News Story_____	Caregiver_____	Other_____	

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

This **AGREEMENT** is a release of the recipient's rights to sue for all damages, including injuries or death, resulting from the use of the loaned equipment described on the front of this document (the "Loaned Equipment") as received from **NH Upper Valley Health Closet Lions Club Foundation (the "Foundation")**, doing business as **Upper Valley Health Closet**.

The **RECIPIENT** (as named on the front side) expressly assumes all risks related in any way to the use or appropriateness of the Loaned Equipment.

RECIPIENT understands that neither the **Foundation**, its volunteers, or staff, are trained medical equipment technicians, nor are they qualified to advise on the appropriateness of any medical equipment, and further Foundation recommends that RECIPIENT seek advice of professionals familiar with the Loaned Equipment before acceptance or use of the Loaned Equipment.

RECIPIENT furthermore understands and acknowledges that the **Foundation**, its volunteers, or staff have cleaned the Loaned Equipment to the best of their ability and make no representations as to its condition or working order.

RECIPIENT acknowledges receipt of the Loaned Equipment, and, that he/she has examined the Loaned Equipment to inspect its condition and identify any defects, is satisfied that the equipment is in good working condition and understands the proper use of the Loaned Equipment.

RECIPIENT thereby understands and agrees that **Foundation**, its related organizations (including organizations arranging for delivering the Loaned Equipment), volunteers, staff, officers, or agents (hereinafter "Released Parties"), shall not be held liable or responsible in any way for injury, death, or other damages to the RECIPIENT or his/her family, heirs, or assigns which may occur as a result of the Loaned Equipment, or as a result of product defect, wear and tear, or the negligence of any party, including the **Released Parties**, whether passive or active.

I, (RECIPIENT) HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE AGREEMENT. BY SIGNING THIS AGREEMENT, I EXEMPT AND RELEASE NH UPPER VALLEY HEALTH CLOSET LIONS CLUB FOUNDATION, AND ALL RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH AS A RESULT OF ACCEPTING AND RECEIVING THE LOANED EQUIPMENT, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO PRODUCT LIABILITY OR NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I TAKE RESPONSIBILITY FOR THE CARE AND MAINTENANCE OF THE EQUIPMENT THAT NH UPPER VALLEY HEALTH CLOSET LIONS CLUB FOUNDATION IS LOANING TO ME:

Print Recipient Name	Recipient Signature	Date
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Print Recipient's Representative Name	Recipient's Representative Signature	Date
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