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		Alternate Contact Name	
Mailing Address (if different)		Alternate Contact Phone	
Email		Alternate Contact E-mail	

STAFF USE ONLY BELOW

Equipment and size (circle) LOANED DONATED RETURNED

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	Pick Up / Delivery (circle) Date/Time	Hours	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 ***Date***

WE Pick Up: Original (for client) + Copy stapled together to Driver Box

CLIENT Drop Off: Original to Client + Copy to Donated File

RETURN- File Form in Returned File + Copy Client (if requested)

Revision 1.4, 7/7/26

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 injuries or death resulting from the loaned equipment (as listed on front side) as received from **NH Upper Valley Health Closet Lions Club** (doing business as **Upper Valley Health Closet**), (hereafter referred to as **NHUVHCLC**). The **RECIPIENT** (as named on the front side) expressly assumes all risks related in any way to the use or appropriateness of this equipment.

RECIPIENT understands that neither the **NHUVHCLC**, its volunteers, or staff, are trained medical equipment technicians, nor are they qualified to advise on the appropriateness of any medical equipment and further recommend seeking advice of professionals before acceptance or use of any borrowed equipment. **RECIPIENT** furthermore understands and acknowledges that the **NHUVHCLC**, its volunteers, or staff have inspected, cleaned and repaired such equipment to the best of their ability, and, as far as their skills and knowledge of such equipment goes, believe the equipment to be in good working order.

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

RECIPIENT thereby understands and agrees that **NHUVHCLC**, its 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, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE,OR WRONGFUL DEATH AS A RESULT OF ACCEPTING AND RECEIVING DONATED, DISTRIBUTED, OR REPAIRED EQUIPMENT, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO PRODUCT LIABILITY OR NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

Recipient Name Print Recipient Signature Date

William “Star” Johnson, President, Board of Directors
NHUVHCLC