

UPPER VALLEY HEALTH CLOSET LIONS CLUB FOUNDATION – INTAKE FORM

2 Mascoma Street, Suite 3, Lebanon, NH 03766

603-477-8144 or info@healthcloset.org

Visit www.healthcloset.org for more information, forms, instructions, and resources.

Date: _____ Staff: _____ Contact: Call Voicemail Email Walk-In

ACTION (circle): **LOAN** **DONATION** **RETURN**

Recipient Name _____

Phone _____

Email _____

Physical Delivery Address (Street, Town) _____

Mailing Address _____

Alternate Contact or Delivering Agency Name/Phone/Email _____

How did you hear about us?

Community Nurse _____

News Story _____

Word of Mouth _____

Medical Provider _____

Caregiver _____

Listserv _____

Web Search _____

Other _____

Facebook _____

Flyer _____

Brochure _____

Equipment and Size

Contact Notes/Additional Delivery Instructions

ASSIGNMENT: (circle)

Pick Up

Delivery

Stored at Front By _____

Driver _____

Miles _____

DONATION RECEIPT

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

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.

Print Recipient Name	Recipient Signature	Date
----------------------	---------------------	------

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