



## EQUIPMENT WAIVER

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person picking up: \_\_\_\_\_ *(if different from Client)*

Type of Equipment	Inventory # (if applicable)	Date Out <i>dd/mm/yy</i>	Date Rtn <i>dd/mm/yy</i>	Staff Initial

We request that all loaned equipment be returned when the time of need has passed. We respectfully ask that the equipment be returned **CLEANED** and in good working condition. Loaned equipment is meant to fulfill a short-term need (6-8 months). If you need equipment for a longer term, other arrangements should be made.

### Waiver:

I acknowledge that equipment from the Pender Islands Health Care Centre is loaned on an "as-is" basis and that by accepting the loan of such equipment, I waive any right to claim against the Pender Islands Health Care Society, its board of directors, staff, contractors, tenants, or volunteers concerning the condition, quality, durability, suitability, fitness or operation of such equipment.

I am aware of the risks connected with using this equipment. I agree to not hold accountable or bring legal action against the Pender Islands Health Care Society its board of directors, staff, contractors, tenants, or volunteers. This waiver releases the Society from all liability relating to the injuries that may occur while using this equipment. By signing this Waiver, I agree to hold the Pender Islands Health Care Society entirely free from any liability, including financial responsibility for injuries incurred, regardless of the reasons or circumstances.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_