

LOAN CLOSET
PLATTE COUNTY PUBLIC HEALTH
718 9TH STREET, WHEATLAND, WYOMING (307) 322-2540

Borrower MUST initial on each line and complete all contact information:

_____ In consideration of being permitted to **BORROW** the following equipment from Platte County Public Health's Loan Closet, I do hereby **release** and **forever discharge** Platte County, and any employee of Platte County, from any and every claim due to any injury that may be sustained from using the borrowed equipment, either through negligence or by accident.

_____ I understand and agree that **ITEMS ARE ONLY LOANED FOR UP TO THREE (3) MONTHS. I UNDERSTAND THESE ITEMS ARE FOR LOAN ONLY; NOT FOR ME TO KEEP.** If I find I need the equipment for use longer than three (3) months, it is my responsibility to make arrangements to rent or purchase the needed items **from a medical supply company** during the three month loan period. Because this is a service meant to benefit residents of the entire county, **ITEMS CANNOT BE BORROWED FOR LONGER THAN THREE (3) MONTHS.** I agree that I will return these borrowed items **WITHIN THREE MONTHS OF THE DATE THEY ARE BORROWED.** If I do not return the item(s) at the end of three (3) months, Public Health will contact me about arranging the return or replacement of the item(s).

_____ Public Health's Loan Closet services are only for residents of Platte County, Wyoming. **Deposits may be required for items taken more than 10 miles outside of Wheatland. Staff will notify you if a deposit is required.**

Deposit Amount: _____ Paid by (cash/check): _____ Received by: _____

_____ This item was presented to me clean and in working order. I agree to return it in a similar manner. I understand that if I return the items either dirty or damaged, or if I fail to return any borrowed item(s), **I will be required to pay the replacement cost of the item and will not be allowed to borrow any items from the Loan Closet in the future.**

Equipment Pre-Check (Client/Staff Initials) _____/_____ Comments: _____

Equipment Post-Check (Client/Staff Initials) _____/_____ Comments: _____

_____ I have received a copy of this agreement.

Today's Date: _____ Item due back to Public Health: _____ nurse/staff Initials: _____
(3 months from borrow date)

Name of person who needs this equipment: _____

Address: _____ Phone: _____
(Please include city, state & zip code)

Equipment Borrowed	Sticker ID#	Date Returned	Comments (ie; returned broken, dirty, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please understand if you are borrowing items on behalf of another individual, that by signing below, you are obligating yourself **personally responsible for the return of the borrowed items or the cost of replacement.**

Responsible Person's Name (Printed) _____

Responsible Person's Signature: _____

Borrower's Contact Information, if different than above: Address: _____ Phone: _____
(Please include city, state & zip code)

Equipment Borrowed	Sticker ID#	Date Returned	Comments (ie; returned broken, dirty, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____