WHEELCHAIR LOAN

PLATTE COUNTY PUBLIC HEALTH 718 9^{TH} 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 wheelchair 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.					
	ONLY; NOT FOR ME T arrangements to rent Because this is a servio	OKEEP. If I find I need or purchase the need on the ne	d the wheelchair ed items from a i sidents of the en n the WHEELCH	for use longer t medical supply tire county, <mark>ITE</mark> NIR IN ONE MOI	han one month, it is m company during the o MS CANNOT BE BORR NTH OF THE DATE THE	<mark>OWED FOR LONGER</mark> Y ARE BORROWED. If I do
	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.					
						by:
	return the item, eithe	dirty or damaged, or	if I fail to return,	<mark>I will be requir</mark>	ed to pay the replacen	I understand that if I nent cost of the item and HEELCHAIR IS \$500.00.
	Equipment Pre-Check	(Client/Staff Initials) _	/	_ Comments:		
	Equipment Post-Checl	(Client/Staff Initials)		_ Comments:		
	I have received a copy	of this agreement.				
	s Date:		(One N	onth from Date	2)	
Name 0	or person who needs the	e wileelchair.				
Address					Phone:	
(Please	include city, state & zip	code)				
Wheelc	hair Sticker ID#	Commer	nts			
Please					t by signing below, you or <u>replacement of \$5</u>	u are obligating yourself 00.00
Respons	sible Person's Name (Printe	ed)				
Respons	sible Person's Signature:					
	er's Contact Information, if ease include city, state 8		ddress:		Phon	e: