



Durable Medical Equipment Agreement and Release Form

APPLICANT INFORMATION (please print)

Name _____

Address _____

E-Mail: _____ Phone _____

IF DIFFERENT FROM ABOVE The person physically picking up the equipment is:

Name _____

Address _____

E-Mail: _____ Phone _____

Relationship to Applicant _____

I hereby acknowledge receipt of the following item(s) of medical equipment donated to Partners *for* World Health and purchased by me. Put a check mark by each item purchased.

Wheelchair

Commode

Rollator

Toilet Riser

Walker

Shower Chair/Bench

Crutches/Cane

Hoyer Lift

Bed Rail

Other: _____

By initialing here, I acknowledge I have examined the equipment and find it in good condition and fit for its intended use.

I hereby forever release, discharge and hold harmless Partners *for* World Health and its employees, volunteers and agents (collectively, "Partners") from all liability, claims, demands, and actions that I may have for any injury to my person, my property or the person or property of others that results from my use of the equipment and therefore Partners will not be held responsible for any defect in the equipment or any accident or injury that may occur during or subsequent to my use of the equipment. I hereby waive any and all claims I may have against the aforesaid Partners related to the use of the equipment I have examined this equipment and understand that I am taking it as is, without any warranties whatsoever. I also understand that I am responsible for repairing and maintaining this equipment after I purchase it and that Partners is not responsible for repairing or maintaining it at any time after I acquire it.

There are NO returns for items purchased.

Signature _____ Date _____

PWH Representative _____ Date _____

Payment: _____

Type: _____

Amount: _____