



**Agreement to Borrow Equipment
Release of Liability**

I, _____, am borrowing the following equipment (the "Equipment") from AbleCloset, a California non-profit corporation:

The rental period for my Equipment is from _____ to _____. I understand that it is my responsibility to pick up the Equipment, and to return it to the same location at the end of my rental period unless otherwise agreed by both parties. I agree to return the Equipment to AbleCloset in the same condition that it was in on the day I rented it, normal wear and tear excepted.

I understand that there is no charge for the rental of the Equipment. However, in the event that the Equipment is lost or destroyed during my rental period, I agree to replace the Equipment at my own expense. Also, if the Equipment is damaged during my rental period, I agree to have the Equipment fixed or replaced. If I do not repair or replace the Equipment within 30 days after my rental period, I authorize AbleCloset to charge my credit card, as described below. My credit card is not authorized for any other purpose.

I understand that AbleCloset is not warranting that the Equipment is fit for use or for any particular person, and that I am solely responsible for the selection of the Equipment. I have consulted with my child's therapist in the selection of the Equipment and have made arrangements with them to check the safety and sizing of the Equipment.

I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS ABLECLOSET, AND ANY OF ITS EMPLOYEES, AGENTS OR VOLUNTEERS REPRESENTING OR RELATED TO ABLECLOSET, FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE EQUIPMENT. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASIONED BY, OR IN CONNECTION WITH THE POSSESSION OR USE OF THE EQUIPMENT.

Signature

Print Name

Date



Type of Credit Card (circle one) Visa MasterCard American Express

Credit Card No. _____

Exp. Date. _____

Security Code. _____

Name on Credit Card. _____

Amount (replacement cost of equipment) _____

Signature of Cardholder