



Lending Closet - Applicant Information

Name _____

Child's Name _____

Address _____

Zip Code _____

Phone _____

I hereby acknowledge receipt of the following item(s) of medical equipment loaned to me by Reagan's Journey for the applicant's sole use and that this equipment will not be loaned or sold to anyone else. I acknowledge that this equipment will be used and that I will exercise ordinary and reasonable care.

Item being loaned _____

Condition of item (circle one):

New

Used

I understand that Reagan's Journey is not warranting that the Equipment is fit for use of your child, and that I am solely responsible for the selection of the Equipment. I have consulted with a therapist/doctor in the selection and sizing of the item.

I HEREBY RELEASE REAGAN'S JOURNEY FROM LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE EQUIPMENT. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES AND PROPERTY LOSSES OR DAMAGE IN CONNECTION WITH THE USE OF THIS EQUIPMENT.

Signature _____

Date _____

*Families may keep items for as long as they need. If the child no longer can use the item due to growth or developmental changes, we ask that you return the item(s) to the Lending Closet.

