

# LOAN CLOSET

## Equipment Sign-Out and Liability Wavier

User's Name:		Phone:	
Address:			
City / State / Zip:			
Equipment Type:	Date Out:	Date In:	
Equipment Type:	Date Out:	Date In:	
Equipment Type:	Date Out:	Date In:	
Picked-up By:		Relationship:	
Signature:		Phone:	

### Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by borrowing items from Highland Park Senior Center Loan Closet, you will be waiving your rights to all claims for injuries you might sustain arising out equipment use, and you will be required to indemnify, hold harmless and defend The City of Highland Park for any claims.

**Risk of Injury:** "In borrowing and utilizing Senior Center Loan Closet equipment, I recognize and acknowledge that there are certain risks of physical injury, including but not limited to death, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of equipment use."

**Waiver of Injury Claims:** "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with Senior Center Loan Closet equipment."

**Release from Liability:** "I do hereby fully release and discharge the City of Highland Park and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur on account of use of Senior Center Loan Closet equipment."

**Indemnity and Defense:** "I further agree to indemnify, hold harmless and defend the City of Highland Park and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the Senior Center Loan Closet."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of use of Highland Park Senior Center Loan Closet equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_