Tools for Life 512 Means St. Suite 250 Atlanta, Georgia 30345 404-385-6570

EQUIPMENT LOAN AGREEMENT Staff issuing

		Stall issuing:		
Date:	Organization/ Relationship:			
Name:				
Address:				
Phone:	E-mail:			
What is the disabi	lity of the individual borrowing equipment? _			
Date of Birth/Age	Gender:			
Inventory Number	Equipment	Check-out Date	Return Date	Staff Initials
1.				
2.				
3.				
4.				
need to use such or responsibility for it please return it in	agent facilitating the matching of assistive to equipment. If any part of the equipment born ts repair or replacement. Equipment is to be same packaging if possible with required inso orrower assumes the return shipment and in	rowed from TFL is lost, stoled returned by the return date urance. TFL covers the initia	n, or damaged, e. If previously s	l accept hipped,
direct user, that it and accept these	as been demonstrated and/or instructions for is my responsibility to teach the user. I have to conditions. I agree to indemnify and hold harm he use of this equipment, or from home modif	read the above conditions of mless Tools for Life for any in	f this loan agree	ement,
Signature of Borro	ower Date to Retu	rn Signature of T	ools for Life Sta	 ff