

Medical Loan Closet of Wichita, Inc.
6655 E. Harry St., Wichita, KS 67207, 316.200.2005

Recipient: _____

Phone: _____ email _____

Address: _____ zip code _____

Responsible Party: _____ Relationship: _____ Phone _____

Loan Terms: The user and/or responsible party named above understands and agrees to the conditions specified below.

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- I/we agree to return the items when I'm done with them.
 - I/we will not alter or deface the loaned equipment.
 - I/we will maintain equipment in a clean and sanitary condition.
 - I/we will clean the loaned item prior to returning.
 - I/we have inspected the equipment and acknowledge that it is in good repair.
 - I/we understand there may be a fee assessed if the equipment is damaged or lost.
 - I/we understand the correct usage of the loaned equipment.
 - I/we agree to contact my healthcare provider for specific instructions in regard to use should I find them necessary. The MLC does not provide medical advice.

The client and/or responsible person receiving the loaned items described and listed by code number below forever release the MEDICAL LOAN CLOSET OF WICHITA INC. (MLC) and its authorized agents and volunteers from any and all liability related to the loaned medical equipment and its use.

LOANED ITEMS WILL BE RETURNED TO MLC IN CLEAN AND SANITARY CONDITION. THE UNDERSIGNED PROMISES THAT LOANED ITEMS WILL NOT BE GIVEN, LOANED, SOLD, PAWNED OR LEAVE THE CONTROL OF THE CLIENT AND/OR THEIR RESPONSIBLE PARTIES DURING THEIR POSSESSION OF THE ITEM.

Signature of Responsible Party: _____ Date: _____

CODE: _____ S/N _____ ITEM: _____ FEE: _____

CODE: _____ S/N _____ ITEM: _____ FEE: _____

CODE: _____ S/N _____ ITEM: _____ FEE: _____

MLC STAFF: _____

DATE: _____