



VASHON CARE NETWORK-COMMUNITY CARE CLOSET



Customer Waiver

To be signed by the USER of the borrowed equipment

I, the USER of this equipment, hereby accept from VASHON CARE NETWORK (VCN) the used medical equipment that I have been given. I agree that this is an on-going waiver and extends to equipment that I receive today and may receive in the future. I ACCEPT RESPONSIBILITY to seek advice from my personal medical advisors, and to use the equipment in accordance with their instructions.

NO WARRANTY. VASHON CARE NETWORK makes no warranty or representation concerning this equipment. VCN excludes all warranties whether express or implied which might conceivably apply to this equipment, including the implied warranties of merchantability and fitness for a particular purpose. This equipment is being provided with all faults whether apparent or latent.

NO LIABILITY. This equipment is given "as is" and without a warranty of any kind. In no event shall VCN be liable for general, incidental, or consequential damages resulting from use of this equipment. VCN does not know how the equipment may have been used in the past and it may contain defects or problems of which VCN is unaware. VASHON CARE NETWORK includes the corporation, its employees, contractors, volunteers, officers and directors.

Note: The user is responsible for proper operation and maintenance of the equipment, such as new batteries and safe storage. You can use your equipment for four weeks without prior arrangement for more time. We ask that you return it to us promptly when you are finished using it – continuing the cycle of donations and helping others. VCN's inventory is not for sale or storage for future use. Our mission is to help many people through multiple uses of our inventory.

Person USING the equipment (please print):

First Name: _____ Last Name: _____

Signed: _____ Date: _____

Telephone # _____

Please put the signed waiver in the plastic receptacle at the Care Closet. If you are not the USER of the equipment, but are delivering the equipment to the USER, please return a signed waiver to the Care Closet ASAP or take a picture of the USER-signed waiver and email the photo to carecloset@vashoncarenetwork.org Thank you!