<Your organization, address, and phone>

In accepting assistive technology or Durable Medical Equipment from **<your organization>**, I agree to the following:

1. I understand that I am responsible for ensuring that the received equipment is appropriate and that I have consulted with medical professionals or other professionals, as necessary, to make the proper determination. I also understand that any representatives from **<your organization>** are not medical professionals and that consulting with a medical professional for the appropriateness of equipment is strongly recommended.

2. I accept full responsibility for the upkeep and maintenance of the equipment.

3. I plan to use the equipment for my personal needs or for the needs of someone I represent.

4. I understand there is no guarantee or warranty on equipment from **<your organization>**.

5. I do hereby waive, release, and forever discharge and hold harmless **<your organization>** from any and all liability, damages, claims, causes of action, and demands of whatever kind or nature, either in law or in equity, which may arise or result directly or indirectly from the equipment or the usage thereof. I understand that this Release discharges **<your organization>** from any liability or claim that I may have against **<your organization>** with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the equipment or the usage thereof.

Signature of recipient or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Equipment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_