



Disability Services Resource Center (DSRC)
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DSRC Equipment Loan to an Individual (Borrower)

Date: ____ / ____ / ____

Bay County **Borrower** Name: _____ Phone: _____

Address: _____ City/Zip: _____

Disability: _____ Date of Birth: _____

Email Address of Borrower: _____

Contact Person Outside the Household: _____ Phone: _____

Item(s) Requested: _____

Borrower Agrees:

- I, _____ (**printed name of Borrower**) am borrowing the following equipment ("Equipment") from DSRC (Lender), a Michigan non-profit corporation, and will load my own equipment.
- In consideration for the Equipment loaned, I, the Borrower, agree to indemnify, defend, and hold Lender harmless from any and all damages, losses, claims, causes of actions, expenses and liability of any nature whatsoever associated with my use of the Equipment while under my care, custody, and control.
- I understand that I may use this Equipment as long as necessary. I understand that it is my responsibility to pick up the Equipment and to return it to the same location when I no longer need it unless otherwise agreed by both parties as noted here: _____
I agree to return the Equipment to Lender in the same condition that it was in on the day I loaned it from DSRC, normal wear and tear expected.
- I understand that there is no charge for the loaned Equipment; however, in the event that the Equipment is lost or destroyed while in my possession, I will notify Lender immediately and agree to replace the Equipment at my own expense. Also, if the Equipment is damaged while in my possession, I agree to have the Equipment fixed or replaced at my expense. I will not abandon the equipment and will return it to DSRC when I no longer medically need it.**
- I understand the Lender is not warranting that the Equipment is fit for my use or for any particular person, and that I am solely responsible for the Equipment I agree to take. Lender makes no warranty of any kind, express or implied, regarding or arising out of the Equipment. THERE ARE NO ORAL AGREEMENTS OR WARRANTS OUTSIDE OF THIS DOCUMENT.

I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS DSRC AND ANY OF ITS EMPLOYEES, AGENTS, OR VOLUNTEERS REPRESENTING OR RELATED TO DSRC, FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE EQUIPMENT. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASIONED BY, OR IN CONNECTION WITH, THE POSSESSION OR USE OF THE EQUIPMENT.

PRINTED name of person picking up equipment: _____ **Phone:** _____

SIGNATURE OF PERSON BORROWING EQUIPMENT: _____

DSRC staff completes the following:

Staff Name: _____

Date: _____

Prescription: Yes _____ No _____