

DAILY LIVING
ADAPTIVE EQUIPMENT LOAN PROGRAM
204 OREGON STREET * KELLOGG, ID 83837 * 208-784-7017 X500

**Waiver of Liability, Assumption of Risk,
Indemnity Agreement, and Loan Agreement**

I, _____ understand and agree that there are
PLEASE PRINT PARTICIPANTS FULL LEGAL NAME
risks, both foreseeable and unpredictable, associated with using the daily living adaptive equipment provided on loan by the *Daily Living* program. I am aware of these risks and agree that my use of the adaptive equipment is voluntary and at my own risk. I hereby agree that the *Daily Living* program, its agents, members or volunteers shall not assume or have any responsibility or liability for any injury or condition suffered during or resulting from use of the adaptive equipment, including no responsibility or liability for medical expenses, medical treatment, or compensation or benefits under workers' compensation laws. I also do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge the *Daily Living* program, its agents, members and volunteers from any and all liability or claims for damages that I may have or that may hereafter accrue to me arising out of or in any way related to my use of the adaptive equipment.

I understand that the adaptive equipment is on loan to me from the *Daily Living* program and that all equipment shall be returned to the *Daily Living* program within 30 days. Equipment shall be returned to the *Daily Living* at 204 Oregon Street, Kellogg, ID 83837. I agree that I will be the only person using the equipment and that I will not re-loan the equipment to another party.

Acknowledgment of Understanding:

I have read this waiver of liability, assumption of risk, indemnity agreement, and loan agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant

Date

Participant Representative

Date

Any questions should be directed to the *Daily Living* program at 784-7017 ext. 500.

