



PARK RIDGE COMMUNITY CHURCH

100 Courtland Avenue • Park Ridge, IL 60068 • (847) 823-3164

RECEIPT AND RELEASE FORM

Date _____

I hereby acknowledge receipt of the following item(s) of medical equipment loaned to me for my sole use by Park Ridge Community Church:

wheel chair _____
raised toilet seat _____
bath bench _____
commode _____

transfer bench _____
walker _____
cane/crutches _____
other _____

I understand that this loaned equipment remains the property of Park Ridge Community Church. A \$50 deposit is required for wheel chairs.

This loan has been made for use by the following person:

Name _____ Member of PRCC? Yes No
Address _____ City _____ Zip _____
Email _____ Phone _____

If different from the above, the person taking the equipment is the following:

Name _____ Member of PRCC? Yes No
Address _____ City _____ Zip _____
Email _____ Phone _____

I will return the borrowed equipment on or before _____. If I need to borrow it for longer than three months, I will call 847-823-3164 (or e-mail: PRCCoffice@aol.com) prior to the scheduled return date. **In consideration of future borrowers, I promise to clean and sanitize the equipment prior to returning it.**

In consideration of my use of the loaned equipment at no cost to me, I hereby forever release and discharge Park Ridge Community Church, its membership, agents, and employees from all liability, claims, demands, damages, and actions that I may have for any injury to my person or my property that results from my use of the loaned equipment.

SIGNATURE _____

Park Ridge Community Church Representative _____