DEFEAT MSA PATIENT LOANER CLOSET Page/Form 1

(DEFEAT MSA: Joseph G. Fortier Foundation - Legal Name)

DATE: _____

I, _____, at the recommendation of my physician and/or licensed Speech

Language Pathologist (SLP): _____, will receive the following equipment:
(name and telephone)
_____(charity will attach photos of device)
(device name)
_____(charity will list company name, address, contact no.)
(manufacturer)
_____(charity will indicate serial number)
(serial number)

with additional hardware, accessories and/or software related to the device(s) operation and use (as indicated below):

I require this device for communication, therapeutic and/or daily functioning needs due to a permanent disability, resulting from Multiple System Atrophy (MSA) and/or other progressive neuro-degenerative movement disorder.

Diagnosis: _____ Date: _____

Diagnosing Physician: _____ (Printed Name)

Physician Address:_____

- I understand that the equipment is on loan to me for my use for the period of time from _____ to _____.
- I do not have health insurance and/or private funding to cover the entire cost of this device.
- I will take proper care of this equipment, will not permanently alter this equipment and return it in good condition.

- I will be responsible for any training and/or obtaining any tech support required by the use of this device.
- I will contact the company if the device(s) need(s) any repair and I will only use the manufacturer if the need for repair arises while the device (and any accessories, software) is under my care.

- I am financially and legally responsible for this device while it is in my care and will cover any costs associated with repair and/or transport.

- I understand that the equipment (and any accessories and/or software) is not to be transferred or loaned (for any period of time) to any other person (or entity) or sold by me to any other person (or entity).

- I will return this equipment (and any accessories or software) to the loaner (or to the individual organization or charity loaner designates) when my use of the device is no longer needed or if I move from my present residence. Furthermore, I will cover the costs associated with the insured transport of said equipment to the next recipient.

All of the above being agreed to, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages I have against the loaning person, charity, agency or other entities connected with the use of said equipment. I expressly assume the risk of sustaining bodily injury or risk of damage of any sort to the device while it is under my care (or the care of others that are acting on behalf).

Patient Signature: _____ Date: _____.

Primary Caregiver/Guardian: _____
(if patient is unable to sign)

Printed Name: _____

Address: _____

Phone: _____

E-mail: _____

Loaner Individual's Name: _____

Address: _____

Loaner's Designated Recipient (Individual, Organization, Charity): _____

(name)_____

(address) _____(purpose, if organization or charity)

Notary _____

Stamp:

Date: