

# DEFEAT MSA PATIENT LOANER CLOSET (Form/Page 2)

(Defeat MSA: Joseph G. Fortier Foundation - legal name)

## RELEASE OF LIABILITY AGREEMENT WITH DEFEAT MSA

Patient Name: _____		
User Name: _____ (if applicable): Address: _____		
City: _____		
State: _____		
Zip Code: _____		
Date of Birth: _____ (MM/DD/YY)		
Drivers/State ID Number: _____  State: _____		
Phone: _____		
Alternate: _____		
E-mail: _____		

	<p><b>Please read carefully:</b> <b>By signing this document you will waive certain legal rights including the right to sue.</b> In consideration of being allowed to participate in Defeat MSA Patient Closet Program, I, the person named on this form, acknowledge, appreciate, and agree that:</p> <p>1. The risk of injury from the activities involved with using some of the equipment in the loaner closet might involve a significant risk, including the potential for permanent paralysis and death, and while particular skills, and other equipment, and personal discipline in using said medical devices may reduce this risk, the risk of serious injury does still exist; and,</p> <p>2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my</p>	

participation and use of this equipment; and,

3. I willingly agree to comply with the reasonable, safe and intended use of this equipment. If, however, I observe any unusual significant hazard such as broken pieces or faulty construction of the loaned equipment during its use, I will discontinue its use immediately, then return the broken piece to the loan program; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DEFEAT MSA AND ASSOCIATED CHARITIES,** its officers, officials, agents and/or employees, board members, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my use of the equipment, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

I fully understand and agree that this equipment and its use might hold inherent risks, dangers and hazards, and that my use of such equipment may result in injury or illness

including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of the sponsoring charities, the negligence of others, accidents, breaches of contract, the unpredictable forces and/or elements of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes.

I confirm that I am physically capable and fit to use this equipment. I confirm that I am eighteen (18) years of age or older. (Minors must have a parent or guardian read and sign in their stead.)

**I HAVE READ THIS  
RELEASE OF LIABILITY  
AND ASSUMPTION OF  
RISK AGREEMENT, FULLY  
UNDERSTAND ITS TERMS,  
UNDERSTAND THAT I  
HAVE GIVEN UP  
SUBSTANTIAL RIGHTS BY  
SIGNING IT, AND SIGN IT  
FREELY AND  
VOLUNTARILY WITHOUT  
ANY INDUCEMENT.**

<p>Liability Acceptance</p>	<p>I accept all the terms and conditions of the above Release of Liability Agreement. I further acknowledge that by signing this form, I understand and fully agree to all the stated responsibilities in page one of this application:</p> <p>Patient/User Signature:</p> <p>_____</p> <p>Date: _____</p> <p>_____</p> <p>Print Name:</p> <p>_____</p> <p>Date: _____</p> <p>_____</p> <p>Signature of POA/Legal Rep:</p> <p>_____</p> <p>Date: _____</p> <p>_____</p> <p>Print Name of POA/Legal Rep:</p> <p>_____</p> <p>Date: _____</p> <p>_____</p>	