



## Loaner Equipment Waiver Form

*To be signed by the user/responsible party  
of the borrowed equipment*

I, the USER of this equipment, hereby accept from the Palmetto HOPE Foundation (PHF) loaner closet the used medical equipment that I have been given. I agree that this is an on-going waiver and extends to equipment that I receive today and may receive in the future.

I ACCEPT RESPONSIBILITY to seek advice from my personal medical advisors, and to use the equipment in accordance with their instructions.

**NO WARRANTY.** The Palmetto HOPE Foundation makes no warranty or representation concerning this equipment. PHF excludes all warranties whether express or implied which might conceivably apply to this equipment, including the implied warranties of merchantability and fitness for a particular purpose. This equipment is provided with all faults whether apparent or latent.

**NO LIABILITY.** This equipment is given “as is” and without a warranty of any kind. In no event shall PHF be liable for general, incidental, or consequential damages resulting from the use of this equipment. PHF does not know how the equipment may have been used in the past and it may contain defects or problems of which PHF is unaware.

**Note:** The user is responsible for proper operation and maintenance of the equipment, such as new batteries and safe storage. You can use your equipment for four weeks without prior arrangement for more time. We ask that you return it to us promptly when you are finished using it – continuing the cycle of donations and helping others. PHF inventory is not for sale or storage for future use. Our mission is to help many people through multiple uses of our inventory.

**Person using the equipment/responsible party (please print):**

**Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

*Please return this waiver via email to [info@palmettohopefoundation.org](mailto:info@palmettohopefoundation.org) or to our office located at 5900 Core Road, Ste. 102, North Charleston at the front desk or dropped in the white mailbox outside the office. If you are not the USER of the equipment, but are delivering the equipment to the USER, please return a signed waiver to the Palmetto Hope Foundation Medical Closet ASAP or take a picture of the USER-signed waiver and email the photo to [info@palmettohopefoundation.org](mailto:info@palmettohopefoundation.org).*