

	CS – Adaptive Equipment Lending Agreement	Community Services
	Adaptive Equipment Lending Agreement (Complete this form only after confirming equipment availability)	

Contact Information	SECTION 1
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User's Name _____ DOB (yyyy-mm-dd) _____

Home Address _____ City _____ Postal Code _____

Phone _____ Email _____ Guardian _____

Adaptive Equipment	SECTION 2
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Loan Date/Time _____ Return Date/Time _____

Small Hippocampe (Length 170 cm for Individuals up to 140 cm) with wheels with skis

Medium Hippocampe (Length 180 cm for Individuals 140 cm – 165 cm) with wheels with skis

Large Hippocampe (Length 190 cm for Individuals up to 165 cm -185 cm) with wheels with skis

X Large Hippocampe (Length 203 cm for Individuals up to 185 cm and up) with wheels with skis

Standard Sledge (14" Seat) with rear push bar with set of ice picks

Large Sledge (16" Seat) with rear push bar with set of ice picks

Snowcoach Adapted Slide

Top-End Excelerator Handcycle Trike

Huka Duet Bike

Other _____

Borrower's Agreement	SECTION 3
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I will make every effort to ensure the equipment is used & stored in a proper and safe manner.

I will return equipment in same condition it was loaned (except for normal wear & tear)

I will not alter the equipment or use in a manner unintended.

I will not lend or allow third parties to use the equipment.

I will return the equipment on the scheduled return date and time agreed upon with staff.

I am responsible for a CSA approved helmet where required (i.e. sledge and handcycle).

I have received and understand the Adaptive Equipment Lending Guidelines.

I have received an equipment overview (i.e. assembly/disassembly, functions & safety features).

I will consult with a Physical or Occupational Therapist for individualized specific fitting as needed.

I will provide photo ID & contact information for tracking purposes. **Staff initial when received** _____

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Consent and Release		SECTION 4
<p>I consent to fully assume all risk of loss, injury or illness caused by or incidental in the use of the above equipment and to indemnify the save harmless the City of St. John’s from any and all liability.</p> <p>Signature _____ Date _____</p> <p>Signature _____ Date _____</p>		
Privacy Notice		SECTION 5
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to participants. Questions about the collection and use of the information may be directed to Manager of Community Services by emailing recreation@stjohns.ca</p>		
<p>Please send completed form to:</p>	<p>Healthy City & Inclusion P.O. Box 908 St. John’s, NL A1C 5M2</p>	<p>For further information: Phone: 709-576-6972 Email: inclusion@stjohns.ca</p>