



Serial # _____

Received	Date	Initial
Returned	Date	Initial
Deposit	Received	Refunded

Equipment Contract

Person responsible: _____

Phone (Home): _____ Phone (Work): _____

Phone (Cellular): _____ E-mail: _____

P.O. Box #: _____ Postal Code: _____

Address: House # and street address: _____

District: _____

Patient's name (if different from client): _____

Phone (Home): _____ Phone (Work): _____

Phone (Cellular): _____ E-mail: _____

P.O. Box #: _____ Postal Code: _____

Address: House # and street address: _____

District: _____

Cancer patient: Yes _____ No _____

I _____ take full responsibility for:
(Print name)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hospital bed | <input type="checkbox"/> Commode | <input type="checkbox"/> Over bed table |
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Walking frame | <input type="checkbox"/> Tub bench |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Elevated toilet seat | <input type="checkbox"/> Alternating air mattress |
| <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Rollaway bed | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Other _____ | | |

from the time the equipment leaves the Cayman Islands Cancer Society (the Society) office at 114 Maple Road, George Town or the warehouse at MiniWarehouse 2 unit 14-00017 to the time it is returned. The equipment consists of _____ pieces and is in the following condition (include all defects – dents, marks, stains etc.):

I agree to return the equipment cleaned and in the same condition in which I received it to a Cancer Society Representative only and not to be left outside at anytime unattended.

This equipment is required from _____ until _____. This agreement can be extended beyond this time with the agreement of the client and the Society.

There is a refundable security deposit of CI\$100 for beds, Hoyer lift and oxygen concentrator, CI\$50.00 for wheelchairs and CI\$25 for each and every other piece of equipment. This fee will be refunded in full upon the return of all parts of equipment and in good and working condition. If any damages occur while in use, you may be held responsible for any and all damages and your security deposit will be withheld. If further repair cost is needed; you may be held responsible for any further charges outside of the security deposit.

In addition to the security deposit there is a rental fee for the use of the equipment and the fee for each type of equipment is as laid out in the schedule at the bottom of this page. This equipment is rented on a MONTHLY basis and fees are payable in advance. It is a condition of this agreement that should a client with cancer require this equipment the Society can recall it with 48 hours notice if leased to a non-cancer client. All unused rental fees will be repaid to the client and the security deposit will be refunded provided the equipment is returned in good repair. Should there be outstanding rental fees due, these will be deducted from the deposit. The responsible person agrees to contact the Cancer Society when the equipment is no longer needed.

Signed: _____
(Client or Person Responsible)

Date: _____

Signed: _____
(C.I.C.S. Representative)

Date: _____

Monthly Rental Fee Schedule

Type of Equipment	Refundable Deposit	Monthly Rental Fee
Hospital Bed	CI\$100.00	CI\$50.00
Hoyer Lift	CI\$100.00	CI\$50.00
Oxygen Concentrator	CI\$100.00	CI\$50.00
Wheelchair	CI\$50.00	CI\$25.00
Commode	CI\$25.00	CI\$10.00
Walking Frame	CI\$25.00	CI\$10.00
Crutches	CI\$25.00	CI\$10.00
Red Rail	CI\$25.00	CI\$10.00
Over Bed Table	CI\$25.00	CI\$10.00



Disclaimer
Cayman Islands Cancer Society for use of Client Equipment

Date: _____

The Cayman Islands Cancer Society does not guarantee the mechanical soundness of such equipment and the Society has no legal obligation for the equipment and does not presume to guarantee the suitability for use by the person who is using the equipment.

I, _____, hereby request from the Society, the use of the item(s) ticked below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Hospital bed | <input type="checkbox"/> Commode | <input type="checkbox"/> Over bed table |
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Walking frame | <input type="checkbox"/> Tub bench |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Elevated toilet seat | <input type="checkbox"/> Alternating air mattress |
| <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Rollaway bed | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Other _____ | | |

and as evidenced by my signature below I acknowledge and agree that I am assuming any and all risk associated with its use, proper or improper, from the time I take possession of it to the time such equipment is returned to the Society. Upon return of such equipment I agree to advise the Society if I become aware of any problem prior to its return. I hereby waive any claim or right of action that may in any way arise against the Society, its Directors, members, employees and its agents as a result of use. I release the Society, its Directors, members, employees and its agents from any and all liability caused resulting from the use, proper or improper, of this equipment.

Signature

Name (please print)

Date

Witness Signature

Witness Name (please print)

Date