CAYMAN ISLANDS CANCER SOCIETY

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)

- ☐ Hospital bed
- ☐ Commode
- ☐ Over bed table
- ☐ Wheelchair
- ☐ Walking frame
- ☐ Tub bench
- ☐ Cane
- ☐ Elevated toilet seat
- ☐ Alternating air mattress
- ☐ Oxygen concentrator
- ☐ Rollaway bed
- ☐ other _____

from the time the equipment leaves the Cayman Islands Cancer Society (the Society) office at 114 Maple Road, George Town or the warehouse Three Paddington Place unit #37 to the time it is returned. The equipment consists of_____ pieces and is in the following condition (include all defects – dents, marks, stains etc.):

_____

_____

114 Maple Road • George Town
P.O. Box 10565 • Grand Cayman KY1-1005 • Cayman Islands
T. 345-949-7618 • F. 345-949-8694 • E. admin@cics.ky • W. www.cics.ky

Revised April 2013

CAYMAN ISLANDS CANCER SOCIETY

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:

☐ Hospital bed	☐ Commode	☐ Over bed table
☐ Wheelchair	☐ Walking frame	☐ Tub bench
☐ Cane	☐ Elevated toilet seat	☐ Alternating air mattress
☐ Oxygen concentrator	☐ Rollaway bed	☐ 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

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_____

DATE

Received from the Cayman Islands Cancer Society _____
(amount)

representing a full refund of the deposit of the following equipment leased from the Cayman Islands Cancer Society:

_____

_____

_____

_____

_____

_____

Name of client or person responsible: _____
(Please Print)

Signature of client or person responsible: _____

Name of CICS representative: _____
(Please Print)

Signature of CICS representative: _____

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