

**SENECA NATION DISABILITY SERVICES**  
**Agreement to Borrow Equipment**  
**Release of Liability**

I, \_\_\_\_\_, am borrowing the following equipment (the “Equipment”) from Seneca Nation Disability Services:

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The loan period for my Equipment is from \_\_\_\_\_ to \_\_\_\_\_. I understand that it is my responsibility to pick up the Equipment, and to return it to the same location at the end of this period unless otherwise agreed by both parties. I agree to return the Equipment to Seneca Nation Disability Services in the same condition that it was in on the day I borrowed it, except for normal wear and tear.

I understand that there is no charge for the loan of the Equipment. However, in the event that the Equipment is lost or destroyed during my loan period, I agree to replace the Equipment at my own expense. Also, if the Equipment is damaged during my loan period, I agree to have the Equipment fixed or replaced. If I do not repair or replace the Equipment within 30 days after my borrowing period, I authorize Seneca Nation Disability Services to collect payment as necessary.

I understand that Seneca Nation Disability Services is not warranting that the Equipment is fit for use or for any particular person, and that I am solely responsible for the selection of the Equipment.

**I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS SENECA NATION DISABILITY SERVICES, AND ANY OF ITS EMPLOYEES, AGENTS OR VOLUNTEERS REPRESENTING OR RELATED TO THEM, FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE EQUIPMENT. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASIONED BY, OR IN CONNECTION WITH THE POSSESSION OR USE OF THE EQUIPMENT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Enrollment # \_\_\_\_\_

Equipment Issued by: (initial) \_\_\_\_\_ Date \_\_\_\_\_