



A COMMUNITY THAT SHARES (ACTS)

P.O. BOX 54

BUSHWOOD, MD 20618-0054

301-769-4199



A United Way Agency

EQUIPMENT LOAN FORM

Date of Loan ____ / ____ / ____

**** PLEASE PRINT INFORMATION ****

User of equipment: _____

Physical Address: _____

Recipient Phone #: _____ Email: _____

The equipment listed below is being loaned on a sub-custody basis and remains the property of ACTS. The recipient agrees to accept responsibility for the care and use of the items.

Equipment Loaned

ACTS serial

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

Loan Expiration Date: ____ / ____ / ____ . Loans are for a **120-day** period and can be renewed every 120 days for as long as it is needed. **Call ACTS to extend the loan.**

LIABILITY WAIVER: I/we hereby release ACTS from any claim whatsoever for damages or injury to the user, or any associate, that may be attributed, either directly or indirectly, to the use of this equipment. It is understood that this equipment is being loaned on a renewable term basis at no charge to the recipient.

Signature of recipient or representative of loaned equipment: _____

IF CO-SIGNER, please print name, relationship and phone: _____

Physical location of equipment if different from above: _____

ACTS is a non-profit organization dedicated to the well being of the community. The costs incurred by the organization are paid for by donations. All associates working for the organization are doing so on a voluntary basis.

If you experience any problems with the equipment **contact** an ACTS representative immediately at **301-769-4199**.

When the equipment is no longer needed, please disinfect all items and call ACTS to set up an appointment time to return the item(s).

Your ACTS Representative is _____

Print Name