



Gillham Recreation Center - 26325 Scotia Rd - Huntington Woods, MI 48070

# DURABLE MEDICAL EQUIPMENT LOAN FORM

Questions? Please contact:

Jennifer Furlong, Senior Outreach - HWCares Coordinator  
jfurlong@hwmi.org 248.581.2712

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

EQUIPMENT BORROWED \_\_\_\_\_

PICK UP DATE \_\_\_\_\_

RETURN DATE \_\_\_\_\_

I hereby release the City of Huntington Woods ("the City") from any and all liability or damage resulting from the use of any and all durable medical equipment borrowed from the City.

I understand that the City is not in the durable medical equipment business and is merely involved in making such equipment available without charge to those persons requesting its use.

I agree that such equipment borrowed remains the property of the City, and it is to be returned to the City upon request.

SIGNATURE OF BORROWER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_