SANDCRUISER BEACH WHEELCHAIR AND MOBI-CHAIR FLOATING BEACH WHEELCHAIR LOAN AND INDEMNITY AGREEMENT

Name of Applicant or Carer	
Name of User (if different to above)	
Street Address	
Postal Address	
City/Town and Postcode	
Telephone	
Mobile Phone	
Driver's Licence No / Pension Card No.	
Date and time taken	
Date and time returned	
Date and time chair will be returned	
User Guide and Conditions of Use read by applicant/ carer and copy provided	**Circle which Wheelchair is being taken and in so doing you acknowledge receipt and acceptance of terms** **Sandcruiser** **Mobi-Chair Floating**
Any missing or defects found on return of Wheelchair:	
I am willing to receive correspondence from Port Stephens Council in relation to my experience using the Beach Wheelchair for improvement purposes:	**Yes** **No**

I..... of .....
Print Applicant/Carer's name Permanent address and post code

Temporary Port Stephens area address .....

hereby agree that by signing this Agreement I indemnify Port Stephens Council against all claims directly or indirectly arising from, or incurred in connection with, damage to or loss of property, or injury, arising from the use of the Beach Wheelchair whilst in my care.

I confirm I am over the age of 18 years and that the information supplied above is true and correct.

I acknowledge that I have read and understood the User Guide and Conditions of Use, including the Safety and Handling and Care sections, and will abide by all requirements.

Signature..... Date.....
(Applicant or Carer signing on behalf of Applicant)

Witness (Name)…….. Signature …….…… Date…….....