

Loan Agreement

Loan Recipient: _____

Phone: (____) _____ Email Address: _____

Address: _____

Responsible Party: _____ Relationship: _____

Responsible Party Phone: (____) _____

Loan Terms: The user and/or responsible party named above understands and agrees to the conditions specified below:

- _____
- I/we agree to return the items when I'm done with them
- I/we will not alter or deface the loaned equipment
- I/we will maintain equipment in a clean and sanitary condition
- I/we will clean the loaned item(s) prior to returning
- I/we have inspected the equipment and acknowledge that it is in good repair
- I/we understand the correct usage of the loaned equipment
- I/we agree to contact my healthcare provider for specific instructions in regard to use should I find it necessary. **ReRun Medical Equipment does not provide medical advice**

The client and/or responsible person(s) receiving the loaned items described below (listed by code number) forever release ReRun Medical Equipment Inc. and its authorized agents and volunteers from any and all liability related to the loaned equipment and its use.

Equipment Loaned: _____

LOANED ITEMS WILL BE RETURNED TO RERUN MEDICAL EQUIPMENT IN CLEAN AND SANITARY CONDITION. THE UNDERSIGNED PROMISES THAT LOANED ITEMS WILL NOT BE GIVEN, LOANED, SOLD, PAWNED, OR LEAVE THE CONTROL OF THE CLIENT AND/OR THEIR RESPONSIBLE PARTIES DURING THEIR POSSESSION OF THE ITEM.

Signature of Responsible Party

Date

Signature of Authorized Representative of ReRun Medical Equipment

Date

Please email your signed copy to hj@rerunmed.org.

QTY	CODE	ITEM	Donation Value	QTY	CODE	ITEM	Donation Value
		Beds & Accessories				Bath/Toilet Items	
	100	Hospital Bed, No Mattress	\$25.00		200	Shower Chair	\$10.00
	101	ICU Deluxe Hospital Bed	\$50.00		201	Bathtub Transfer Bench	\$15.00
	102	Hospital Mattress	\$10.00		202	Bath Transfer Board	\$10.00
	103	Hospital Air Mattress	\$15.00		203	Toilet Seat Riser	\$5.00
	104	Bed Rails (One Side)	\$5.00		204	Commode	\$10.00
	105	Bed Trapeze	\$10.00		205	Bath Rails/Grab Bar	\$10.00
	106	Overbed or Bed Side Table	\$10.00		206	Bathroom Misc. Accessories	\$5.00
	107	Miscellaneous Bed Accessories/Parts	\$5.00			Power Chairs/Scooters Etc.	
		Walkers/Wheelchairs			400	Mobility Scooter	\$ _____
	300	Standard Walker	\$10.00		401	Power Wheelchair	\$ _____
	301	Rollator Walker	\$20.00		402	Power Chair Accessories or Parts	\$100.00
	302	Knee Walker	\$20.00			Lifts/Accessories	
	303	Specialty Walker	\$10.00		500	Manual Patient Lift	\$20.00
	304	Walker 3 Wheel	\$10.00		501	Electric Patient Lift	\$ _____
	305	Walker Accessories or Parts	\$5.00		502	Lift Sling	\$15.00
	306	Geri Chair	\$20.00		503	Lift Chair	\$ _____
	307	Transfer Chair	\$25.00		504	Electric Sit to Stand	\$50.00
	308	Wheelchair/Standard	\$25.00		505	Manual Sit to Stand	\$25.00
	309	Wheelchair Accessories or Parts	\$10.00		506	Lift Accessories or Parts	\$10.00
	310	Cushion - Air	\$10.00			Orthopedic & Support Items	
	311	Cushion - Gel	\$5.00		700	Braces	\$5.00
		Personal Care Items			701	Cast Boot	\$10.00
	600	Reacher	\$5.00		702	Polar Ice Therapy Unit	\$20.00
	601	Shoehorn	\$5.00		703	TENS/EMS Units	\$10.00
	602	Sock Puller	\$5.00		704	Cane	\$5.00
	603	Gait Belt	\$5.00		705	Quad Cane	\$10.00
	604	Personal Care Alarm	\$10.00		706	Crutches	\$10.00
	605	Misc. Accessories Personal Care	\$5.00		707	Crutches Accessories	\$5.00
		Respiratory Equipment				Orthopedic Accessories or Parts	\$5.00
	800	Respiratory Accessories Mask Tubing	\$5.00			Medical Supplies	
	801	Bi-Pap	\$80.00		900	Other Supplies	\$5.00
	802	C-Pap	\$20.00		901	Ostomy Supplies	\$5.00
	803	Nebulizer	\$10.00		902	Catheter Supplies	\$5.00
	804	Oxygen Concentrator	\$20.00		903	Incontinence Supplies	\$5.00
	805	Pulse Oximeter	\$10.00		904	Wound Care Supplies	\$5.00
	806	Blood Pressure Kit	\$10.00		905	IV Therapy Supplies	\$5.00
			\$ _____		D	Cash or DME Donation	\$ _____

Total Suggested Donation: \$ _____ Donation Received: \$ _____

Cash _____ Online CC Payment _____

Please email your signed copy to hj@rerunmed.org.