



National
Multiple Sclerosis
Society
Oregon Chapter

LONG TERM LOAN AGREEMENT

Please fill out the blanks below, read agreement, and sign.

I, _____, at the recommendation of my physician/therapist, will receive the following equipment: _____, from The National Multiple Sclerosis Society, Oregon Chapter.

- I understand that the equipment is on loan to me for my use for the period of time from _____ to _____.
- I have multiple sclerosis and am a member of the National Multiple Sclerosis Society.
- I will take proper care of the equipment; I will not modify it and will return it in good condition. (Please initial: _____)
- I will contact the Chapter to negotiate any needed maintenance and repairs.
- I understand that the equipment is not to be transferred or sold by me.
- I will return the equipment when no longer needed or if I move out of state.

All of the above being agreed to, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages I have against the NMSS, Oregon Chapter, or any other persons connected with this program, their agents or representatives arising from the use of said equipment. I expressly assume the risk of sustaining bodily injury arising out of the use of the provided equipment.

Signature: _____ Date: _____

Address: _____

Phone: _____

Please return completed application, rehabilitation therapist (PT/OT) or other health care professional's statement of diagnosis and need, and loan agreement to the Oregon Chapter.