Inspiring Personal Independence **SAIL**

SOUTHEAST ALASKA INDEPENDENT LIVING

Equipment Loan Agreement

Consumer Name:_____ Date of Birth:_____

Phone Number:_____Mailing Address:_____

Loan is taking place out of which office? Juneau___ Ketchikan___Sitka___Haines___

Item Loaned: _____**SAIL ID#** _____**Model:**_____   Staff checking Item Out:_____Date:_____ Due Back:_____   Staff checking Item In:_____Date:_____Condition:_____   Satisfaction with item: ___very ___somewhat ___not satisfied
Item Loaned: _____**SAIL ID#** _____**Model:**_____   Staff checking Item Out:_____Date:_____ Due Back:_____   Staff checking Item In:_____Date:_____Condition:_____   Satisfaction with item: ___very ___somewhat ___not satisfied

I,_____, accept full responsibility and will take all necessary precautions in regards to safety and use of equipment and will not hold Southeast Alaska Independent Living, its' employees, officers, directors, agents, and volunteers, liable for injury as a result of utilizing this equipment. It is my understanding that this equipment is on loan.

_____
Consumer Signature   Date

_____
SAIL Staff Signature   Date

_____
Parent/Guardian Signature if Applicable   Date

For Office Use Only   Initial Intake Date:_____ MiCIL:_____Exceed:_____   IL Plan /Waiver ____Disability Law CAP___ Photo Release___

Additional loan check out/check in on back side/second page of form

Consumer Name:_____Date of Birth_____

If second page, this page MUST be kept with the signature page (first page)

Item Loaned: _____**SAIL ID#** _____**Model:**_____

Staff checking Item Out:_____Date:_____ Due Back:_____

Staff checking Item In:_____Date:_____Condition:_____

Satisfaction with item: ___very ___somewhat ___not satisfied

Item Loaned: _____**SAIL ID#** _____**Model:**_____

Staff checking Item Out:_____Date:_____ Due Back:_____

Staff checking Item In:_____Date:_____Condition:_____

Satisfaction with item: ___very ___somewhat ___not satisfied

Item Loaned: _____**SAIL ID#** _____**Model:**_____

Staff checking Item Out:_____Date:_____ Due Back:_____

Staff checking Item In:_____Date:_____Condition:_____

Satisfaction with item: ___very ___somewhat ___not satisfied

Item Loaned: _____**SAIL ID#** _____**Model:**_____

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Staff checking Item In:_____Date:_____Condition:_____

Satisfaction with item: ___very ___somewhat ___not satisfied

Juneau, AK: 3225 Hospital Dr Suite 100, 99801, 1.800.478.SAIL, ph/tty: 907.586.4920, fx: 907.586.4980
Ketchikan, AK: 602 Dock St, Suite 107, 99901, 1.888.452.SAIL, ph/tty: 907.225.4735, fx: 907.247.4735
Sitka, AK: 514 Lake St, Suite C, 99835, ph/tty: 907.747.6859, fx: 907.747.6783
Haines, AK: PO Box 183, 99827, ph/tty: 907.766.3297, fx: 907.766.2753   REVISED April 2012