

## EQUIPMENT RELEASE FORM

I, \_\_\_\_\_, agree to accept liability for the equipment listed below. I understand that if the equipment is lost or should any damages occur while the equipment is in my possession, I will be held fully responsible and liable for the full amount of the repairs/replacement of the equipment. Please initial that you have read and understand \_\_\_\_\_

I hereby release from liability and agree to indemnify and hold harmless Grande Prairie Palliative Care Society and any of its employees, agents or volunteers representing or related to the Society, for any liability in connection with the use of, possession of, or content left on the equipment. The release is for any and all liability for personal injuries in connection with the possession or use of the equipment.

I understand that all pictures and information will be deleted from devices upon return to the society, it is my responsibility to duplicate or transfer any desired photos or information prior to returning device.

Equipment type: \_\_\_\_\_ SN: \_\_\_\_\_

Charge cable:  Yes  No

Charge block:  Yes  No

Case:  Yes  No

Screen Protector:  Yes  No

Recipient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Municipality \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
Person accepting responsibility for equipment

\_\_\_\_\_  
Date \_\_\_\_\_  
Grande Prairie Palliative Care Society Staff Member

If you have any questions or concerns, please contact:  
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Grande Prairie Palliative Care Society  
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