Equipment Loan Request Form

I. Complete the following for the person requesting the equipment:
Name:
Daytime Phone Number:
Evening Phone Number:
Name of Agency:
Street Address
City/State/Zip:
County:
Fax:
E-Mail:
Relationship to Recipient:

II. Complete the following for the person who will be USING the equipment
(if different from the person requesting the equipment:
Name:
If Recipient is a Minor, Name of Parent or Guardian:
Daytime Phone Number:
Evening Phone Number:
Street Address:
City/State/Zip:
County:

III. Complete this section for the person who will be USING the equipment:
For each of the following, please check only ONE from each category describing the equipment user:
The user is: __ a person with a disability __ parent/relative __ professional
User’s age: __ 0-3 __ 4-21 __ 22-64 __ 65 or over
Disability: __ developmental delay __ health __ learning disability
__ mental health __ mobility __ sensory (blind, deaf and speech.)
The user’s race/ethnicity: (optional)
__ White __ African-American __ Hispanic
__ American Indian __ Asian __ Asian Indian
__ Pacific Islander __ Native Hawaiian __ Other (specify)

IV. Primary purpose of equipment loan (Check only one):
__ Community Living __ Education
__ Employment __ Information Tech./Telecommunications
**V. Support Person:** (person able to train/assist recipient in using equipment). For items indicated as requiring a support person, that person MUST be identified: If you do not know of a person who can help train you or assist you in the use of the equipment, please check “NONE” and we will try to assist in that aspect as well. __ NONE

Name:
Title/Relationship:
Address:
City: State: Zip:
Phone Number:

**VI. Address for delivery:** where someone is available Monday-Friday, 10 AM to 3 PM. Do not use a P.O. Box Number for shipping address - you must include a street reference. If delivery is at a large facility you must specify department and/or room number.

__ Check here if this address is the same as the person requesting the equipment.

Full Name:
Phone Number:
Organization/Agency:
Department:
Street Address:
Apartment/Room #
City/State/Zip:

**BORROWER'S RESPONSIBILITY AND LIABILITY**

I/We understand and agree that I/we am/are responsible for the proper handling, storage, use, care, maintenance and return of the device(s), component(s) or accessory (ies) loaned to me/us hereunder.

I/We shall pay all costs for shipping and return of all device(s), component(s) or accessory (ies) to the Assistive Technology Center located at the Oklahoma League for the Blind on or before the due date indicated herein or upon written demand for the same. If you need our help in the delivery, set-up and training on the use of the equipment, please tell us.

In the event that I/we lose the device(s), component(s) or accessory (ies), I/we shall be liable for the current replacement value thereof. Further, I/we shall immediately contact the Assistive Technology Center at the Oklahoma League for the Blind. Phone 405.232.4644 and report such loss.

In the event of a theft of the device(s), component(s) or accessory (ies), I/we shall not be responsible therefore if I/we immediately report the theft to the local law enforcement agency and provide a copy of that report to Technology Center at the number listed above.

In the event that the device(s), component(s) or accessory (ies) thereto malfunction, I/we shall immediately notify Assistive Technology Center at the Oklahoma League for the Blind. Phone 405.232.4644.
I/We shall be responsible for any and all damages or diminution in value of the device(s), component(s) and accessory (ies) beyond normal wear and tear to be determined in the sole discretion of Assistive Technology Center at the Oklahoma League for the Blind.

I/We shall also remit to Assistive Technology Center at the Oklahoma League for the Blind any and all insurance proceeds representing the value of any device(s), component(s) or accessory(ies) thereto provided by insurance policies covering my/our residence or its contents, including but not limited to homeowner's or renter's insurance.

I/We shall not pledge, assign, transfer or otherwise give any interest in and to the device(s), component(s) and accessory (ies) to any third party. Assistive Technology Center at the Oklahoma League for the Blind shall receive and I/we shall pay and be responsible for any and all costs associated with return of the device(s), component(s) and accessory(ies), including but not limited to costs and fees of litigation, reasonable attorney's fees and costs, repossession costs and any other costs reasonably incurred by Assistive Technology Center at the Oklahoma League for the Blind.

I/We understand it is illegal to copy or distribute any proprietary software or hardware loaned through Assistive Technology Center. Upon completion of the loan, if I/we have installed such software on my/our computer, I/we shall remove said software.

Signature of Borrower Date

Signature of Borrower Date

RELEASE OF LIABILITY
I agree to indemnify and hold harmless Assistive Technology Center at the Oklahoma League for the Blind, and our partner agency, the Assistive Technology Equipment Loan Program, Oklahoma AbleTech and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against the Assistive Technology Center at the Oklahoma League for the Blind and our partner agency, the Assistive Technology Equipment Loan Program, Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with loan(s) from the Assistive Technology Center.

Signature of Borrower Date

Return the completed request / application to:
Assistive Technology Center
Oklahoma League for the Blind
501 N Douglas Ave.
Oklahoma City, OK 73106