



# MEDICAL EQUIPMENT BANK LIABILITY AGREEMENT

USE OF ITEMS IS AT YOUR OWN RISK. PLEASE CLEAN ALL ITEMS BEFORE USING THEM.  
THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE YOU CAN REMOVE  
ITEMS FROM THE MEDICAL EQUIPMENT BANK (MEB)

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DB# 

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## SUPPLIES/EQUIPMENT ARE FOR

DATE:	PRINT FIRST NAME:	PRINT LAST NAME:	PHONE (HOME/CELL):	ITEMS TAKEN:
ADDRESS:		CITY:	ST:	
BIRTHDATE (MM/DD/YYYY):	NEWSLETTER: <input type="checkbox"/> ALREADY RECEIVING <input type="checkbox"/> LIKE TO RECEIVE	CHECK ALL THAT APPLY: <input type="checkbox"/> VETERAN <input type="checkbox"/> 60+ <input type="checkbox"/> DISABLED <input type="checkbox"/> HOMELESS	<b>PERSON PICKING UP</b>	
			<input type="checkbox"/> FAMILY/FRIEND NON-PAID CAREGIVER	
			<input type="checkbox"/> PAID CARE GIVER	
			<input type="checkbox"/> FOR PERSONAL USE	
				Total \$ _____ # of ppl _____

## Washington State Demographic Disclosure Notice Voluntary Demographic Information

Some information is required to determine eligibility and provide services. Demographic information is voluntary and does not affect eligibility. Voluntary demographic data is used only for statistical reporting, program evaluation, or legal compliance, is kept confidential, reported only in aggregate, and is not sold or used for marketing purposes.

<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Latinx/Latino/Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander
<b>Household Composition</b>	<input type="checkbox"/> Lives Alone <input type="checkbox"/> With Domestic Partner <input type="checkbox"/> With Spouse	<input type="checkbox"/> With Other Relative(s) <input type="checkbox"/> With Parent(s) <input type="checkbox"/> With Non-Relative(s)	<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
<b>Primary Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Other <input type="checkbox"/> Declined to State
<b>Gender Identity</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender	<input type="checkbox"/> Self-describe: _____	<input type="checkbox"/> Prefer not to answer
<b>Household Income Range (Optional)</b>	<input type="checkbox"/> Below \$25,000	<input type="checkbox"/> \$25,000–\$49,999	<input type="checkbox"/> Prefer not to answer

### USED EQUIPMENT DISCLAIMER, RELEASE & HOLD HARMLESS AGREEMENT

Purchase/Receipt of Used Equipment & Supplies. The Medical Equipment Bank, a program of Thurston County Council on Aging (a Washington 501(c)(3) nonprofit), provides used medical equipment and supplies at low cost or free of charge to support the community. Funds received from sales and donations help cover operating expenses and keep the program open.

### CONDITION – NO WARRANTIES

I understand and agree that: Equipment and supplies may be previously owned. All items are provided “AS IS” and “WITH ALL FAULTS.” No warranties, express or implied, are provided. The organization makes no guarantees regarding condition, safety, durability, or performance. I am responsible for inspecting, cleaning, sanitizing, assembling, adjusting, and properly maintaining the equipment before use.

### ASSUMPTION OF RISK & RELEASE

I understand that use of medical equipment involves inherent risks, including malfunction, misuse, or injury. I voluntarily assume all risks related to transport, assembly, maintenance, and use. To the fullest extent permitted by Washington law, I release and hold harmless: Medical Equipment Bank (DBA); Thurston County Council on Aging; Its Board Members, Officers, Employees, Volunteers, and Agents from any and all claims, damages, injuries, or losses arising from the use or condition of the equipment, including claims of negligence, except for gross negligence or willful misconduct. This Assumption of Risk & Release shall remain valid from the date signed below and applies to all subsequent visits and use of equipment.

SIGNATURE: *(Yes, I have read and agree to the terms and conditions)*