



Loan Agreement Form **For New/Used Program Equipment**

In consideration for the commitment to loan (participant's name) _____
On (date) _____, the undersigned recipient of (type of equipment and item #)
_____ from the Rehabilitation Hospital of Indiana, Inc.
("Hospital") hereby releases the Hospital from any losses, expense, charge, judgment, or
damage incurred by the recipient, its employees, or agents arising from its or their use
and application of said above described equipment with or for participants, employees, or
other persons. The undersigned clearly understands that said equipment is new/used; and
the undersigned hereby accepts responsibility for replacement of cost of said item if not
returned undamaged by (date) _____. Replacement cost of this item is
\$_____. The recipient further promises and agrees to hold harmless and
indemnify the Rehabilitation Hospital of Indiana and RHI Foundation, Inc. for all loses,
damages, judgments, attorney fees, or expenses incurred by the recipient resulting from
any claim arising from the use or application of any of said described equipment by, on
or for any person or persons.

By (Recipient): _____
(print name)

Signature: _____ Date: _____

Witness/Parent: _____ Date: _____

Address: _____

Email: _____

Phone Number: _____

Asset tag/Serial number _____