

TRIAL LOAN AGREEMENT

Therapist: _____

Address: _____

Email: _____

Contact Phone: _____ Trial date ____/____/____

Client: _____

Equipment on Trial Loan (Time Frame Limited to 3 Days)

Collection Notice: Minimum 24 Hour notice for collection from Independent Living Solutions.

Delivery Notice: Minimum 48 Hour notice for delivery of Trial Equipment.

By Appointment Only: Power Wheelchairs, Hoists and other large items.

Collection Date ____/____/____

Returning Date ____/____/____

Items Required For: MASS DVA CAEATI

Description of Equipment Required:	Serial #	Picked	Location

Conditions of Trial Loan

1. The Health Professional agrees to collect and return the equipment from Independent Living Solutions.
2. Should the Health Professional request Independent Living Solutions to arrange delivery and/or collection of equipment, the Health Professional will be responsible for the cost. (Except MASS SOA items)
3. The Health Professional will hold all responsibility and liability for the demonstration and trialing of the equipment. Independent Living Solutions shall not be liable for any claims made in respect to bodily injury or damages to property caused through the use of the equipment.
4. The equipment remains the property of Independent Living Solutions.
5. Independent Living Solutions shall have the right to access equipment during the trial period
6. Should any defect or malfunction, or any factor threatening damage of the equipment be identified, it is the Health Professional's responsibility to notify Independent Living Solutions immediately.
7. The Health Professional shall exercise reasonable care of the equipment, maintain it in its original (new) condition and use only in accordance with the manufactures instructions and intended use.
8. The equipment is to be used for a dry trial only (E.g. Showering equipment is to be used without the application of water).
9. The equipment is not to be trialed with a person with an infectious condition.
10. The equipment trialed with a person that is incontinent must use the appropriate protection.
11. No modifications or alterations are to be made to the equipment.
12. Under no circumstance is the equipment to be left with the client overnight or without the supervision of the Health Professional
13. Should any of the above conditions be breached the Health Professional will be responsible for the cost of replacement.

Therapist - *I have read and agree to the conditions above* Signature: _____

Staff Name: _____ Signature: _____